



YOUR LIFESTYLE

Name:

Date:

Describe your diet for breakfast, lunch and dinner. Include snacks

List medications and supplements

What do you do for exercise?

Describe your sleep and how many hours you sleep.

What do you do for enjoyment?

Do you smoke?

What type of cleansers and detergents do you use?

How much water do you drink a day?

How much coffee and caffeinated tea do you drink a day?