

# NAQ PART 1

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list your five major health concerns in order of importance:

- 1.
- 2.
- 3.
- 4.
- 5.

**PART I** Read the following questions and circle the number that applies:

**KEY: 0 = Do not consume or use**

**1 = Consume or use 2 to 3 times monthly**

**2 = Consume or use weekly**

**3 = Consume or use daily**

## DIET 58

- |   |  |   |
|---|--|---|
| 1. 0 1 2 3 Alcohol                        | 8. 0 1 2 3 Caffeinated beverages         | 15. 0 1 2 3 Refined flour/baked goods     |
| 2. 0 1 2 3 Artificial sweeteners          | 9. 0 1 2 3 Fast foods                    | 16. 0 1 2 3 Vitamins and minerals         |
| 3. 0 1 2 3 Candy, desserts, refined sugar | 10. 0 1 2 3 Fried foods                  | 17. 0 1 2 3 Water, distilled              |
| 4. 0 1 2 3 Carbonated beverages           | 11. 0 1 2 3 Luncheon meats               | 18. 0 1 2 3 Water, tap                    |
| 5. 0 1 2 3 Chewing tobacco                | 12. 0 1 2 3 Margarine                    | 19. 0 1 2 3 Water, well                   |
| 6. 0 1 2 3 Cigarettes                     | 13. 0 1 2 3 Milk products                | 20. 0 1 2 3 Diet often for weight control |
| 7. 0 1 2 3 Cigars/pipes                   | 14. 0 1 Radiation exposure (0=no, 1=yes) |   |

## LIFESTYLE 12

21. 0 1 2 3 **Exercise per week** (0 = 2 or more times a week, 1 = 1 time a week, 2 = 1 or 2 times a month, 3 = never, less than once a month)
22. 0 1 2 3 **Changed jobs** (0 = over 12 months ago, 1 = within last 12 months, 2 = within last 6 months, 3 = within last 2 months)
23. 0 1 2 3 **Divorced** (0 = never, over 2 years ago, 1 = within last 2 years, 2 = within last year, 3 = within last 6 months)
24. 0 1 2 3 **Work over 60 hours/week** (0 = never, 1 = occasionally, 2 = usually, 3 = always)

**MEDICATIONS** Indicate any medications you're currently taking or have taken in the last month (0=no, 1=yes): 54

- |  |   |
|--|---|
| 25. 0 1 Antacids                                   | 39. 0 1 Diuretics   |
| 26. 0 1 Anti-Anxiety medications                   | 40. 0 1 Estrogen or progesterone (pharmaceutical, prescription) |
| 27. 0 1 Antibiotics                                | 41. 0 1 Estrogen or progesterone (natural)                      |
| 28. 0 1 Anticonvulsants                            | 42. 0 1 Heart medications                                       |
| 29. 0 1 Antidepressants                            | 43. 0 1 High blood pressure medications                         |
| 30. 0 1 Antifungals                                | 44. 0 1 Laxatives   |
| 31. 0 1 Aspirin/Ibuprofen                          | 45. 0 1 Recreational drugs                                      |
| 32. 0 1 Asthma inhalers                            | 46. 0 1 Relaxants/Sleeping pills                                |
| 33. 0 1 Beta blockers                              | 47. 0 1 Testosterone (natural or prescription)                  |
| 34. 0 1 Birth control pills/implant contraceptives | 48. 0 1 Thyroid medication                                      |
| 35. 0 1 Chemotherapy                               | 49. 0 1 Acetaminophen (Tylenol)                                 |
| 36. 0 1 Cholesterol lowering medications           | 50. 0 1 Ulcer medications                                       |
| 37. 0 1 Cortisone/steroids                         | 51. 0 1 Sildenafil citrate (Viagra)                             |
| 38. 0 1 Diabetic medications/insulin               |   |