



REVOLUTIONARY MD BRAIN HEALTH PROGRAM

PATIENT NAME _____ DATE _____

Age _____

Gender M F

Ht _____ Wt _____

Please complete the following questionnaire to assist our understanding of your current dietary habits and food choices. Feel free to write in additional notes that you feel may be helpful.

FOOD INTAKE & DIETARY HABITS

1. Check the foods below you take in at least once/month and note how often they are consumed.

Intake	# Times / Day	# Times per Week
_____ Coffee	_____	_____
_____ Tea	_____	_____
_____ Alcohol	_____	_____
_____ Cigarettes	_____	_____
_____ White Sugar	_____	_____
_____ Chocolate	_____	_____
_____ Soda Pop	_____	_____
_____ Fast Food	_____	_____

2. What diets, weight loss programs or dietary detox programs, if any, have you recently embarked upon or completed in order to improve health & well-being?

3. Do you have any comments to share about your current approach to food, diet, or eating?

Three-Day Diet & Activity Log

On the following pages you will be recording what you eat. This may be one of the most important parts of the personal health information you share. Please list foods accurately, including type of food, quantity (amount or # of servings—estimate if you don't know for sure). For best results (to get the most accurate record of what you are taking into your body, please complete the log at the end of each day. Be sure to include one "normal" day, one weekend day, and any other day you choose.

FOODS and BEVERAGES

- Under TIME, record the time of day you consumed foods or beverages.
- Under TYPE of food for each meal, indicate if the food was frozen, canned, fresh/raw, cooked or fast food. Provide the brand name or restaurant in which it was prepared.
- Under AMOUNT of food or beverage, please estimate the weight in ounces.
- Under CONDIMENTS, please do include all ketchup, mustard, salsa, salad dressings, butter, margarine, ghee, and added sauces or relishes you consumed during the day.
- IF YOU SKIP A MEAL, please write "NONE" in the meal blank.

EXERCISE

- Enter the TIME OF DAY you exercised, and the TOTAL TIME spent exercising (or in non-restful activities) during each day.
- Under TYPE of exercise, please write the name of the activity.
- Under AMOUNT of exercise, write in the # minutes spent along with an indication of the intensity you put forth (you could provide your heart rate, or just say "easy", "moderate", "difficult", etc).

SLEEP and REST

- Under TIME, please record the time you went to bed and the time you got up, indicating the total # of hours you slept or rested.
- If your sleep was sound, note that. If interrupted, please note that and describe.

OTHER

- This space is provided so that you may note other non-usual activities, stressors or circumstances during this 7-day period. This may include noting business trips, family vacations, extenuating circumstances or concerns.

QUESTIONS? CONCERNS?

As you prepare for your visit, please consider (and jot down your thoughts around) questions or concerns that have come up for you regarding diet, exercise, sleep, rest or other nutrition and lifestyle matters.

3-DAY DIET & EXERCISE LOGName: _____
Date: _____**Day 1**

Time	Meal or Activity	Amount	Notes
	Breakfast		
	Morning Snack		
	Lunch		
	Afternoon Snack		
	Dinner		
	Evening Snack		
	Beverages (all liquids, including water)		
	Condiments/Fats/Oils		
	Exercise		
	Sleep & Relaxation		
	Other		

3-DAY DIET & EXERCISE LOG**Day 2**

Date: _____

Time	Activity	Amount	Notes
	Breakfast		
	Morning Snack		
	Lunch		
	Afternoon Snack		
	Dinner		
	Evening Snack		
	Beverages (all liquids, including water)		
	Condiment/Fats/Oils		
	Exercise		
	Sleep & Relaxation		
	Other		

3-DAY DIET & EXERCISE LOG**Day 3**

Date: _____

Time	Activity	Amount	Notes
	Breakfast		
	Morning Snack		
	Lunch		
	Afternoon Snack		
	Dinner		
	Evening Snack		
	Beverages (all liquids, including water)		
	Condiment/Fats/Oils		
	Exercise		
	Sleep & Relaxation		
	Other		

FATTY ACID SURVEY

A. SIGNS OF FATTY ACID DEFICIENCY

Place a 0, 1, 2 or 3 next to each question based on how each statement below best describes you as related to the issue:

- 0 = I do not have this condition
 1 = I sometimes notice this condition
 2 = I often notice this condition in my body
 3 = I always have these symptoms/conditions

Dry Skin	_____
Use of lotion for dry skin	_____
Dry, rough patches on elbows	_____
Dry, cracked heels	_____
Dandruff	_____
Dry eyes	_____
Dry, frizzy or unmanageable hair	_____
Frequent urination	_____
Increased thirst	_____
Bumps or “chicken skin” on backs of arms	_____
Soft, brittle or easily frayed fingernails	_____
Allergies	_____
Difficulty with attention or focus	_____
Hyperactivity	_____
Aggression or hostility	_____
Irritability	_____
Depression	_____
General learning problems	_____
Poor memory	_____
Reading difficulty	_____
Heart rhythm problems	_____
Joint inflammation	_____
Fatigue	_____

Total A _____

B. TRANS FATTY ACID INTAKE

Place a 1, 2 or 3 next to each question based on which best describes your dietary intake of the following foods:

- 0 = Never eat this food
- 1 = Eat this food less than once a month
- 2 = Eat this food once a month (MONTHLY)
- 3 = I eat this food WEEKLY

- French fries _____
- Chicken nuggets _____
- Potato chips _____
- Corn chips/tortilla chips _____
- Fish burgers (deep fried) _____
- Doughnuts _____
- Pastries _____
- Candy _____
- Margarine _____
- Cake _____
- Cookies _____
- Shortening _____
- Deep fried mushrooms _____
- Puffed cheese snacks _____

TOTAL B _____

C. OMEGA-3 FATTY ACID INTAKE

Place a 1, 2 or 3 next to each question based on which best describes your dietary intake of the following foods:

- 0 = Never eat this food
- 1 = Eat this food less than once a month
- 2 = Eat this food once a month (MONTHLY)
- 3 = I eat this food WEEKLY

- Salmon _____
- Cod (Atlantic) _____
- Haddock _____
- Snapper _____
- Sea Scallops _____
- Mackerel _____
- Herring _____
- Sardines _____
- Anchovies _____
- Bluefin Tuna _____
- Eggs _____
- Krill _____
- Caviar _____
- Trout, rainbow _____
- Flax oil/meal _____
- Fish oil _____
- Chia seeds _____
- Walnuts (English, Black) _____
- Pumpkin seeds _____
- Brazil nuts _____
- Candlenut _____
- Butternut _____

TOTAL C _____

