

CLIENT QUESTIONNAIRE

Date:

Name:

When do you have an appointment for nutritional therapy (date, time):

Age:

Body weight:

Length:

Email address:

Telephone:

Occupation/profession/field of activity/student/etc.:

Home store (Selver, Rimi, Prisma, Coop, etc.):

Household size: _____ people, of which _____ are children

Additional information (pregnancy, physical disability, top sport, etc.):

Reason why you approached me:

Next, please answer the questions and underline the answers that suit you. If necessary, supplement with additional information. The more specific you are, the better I can help you. I guarantee the confidentiality of all data. Please fill out the form at least two days before the appointment.

Physical activity: very high/high/medium/low/none

Describe: (e.g. I walk 40 min a day/exercise every day/etc.):

Stress level: very high/high/medium/low/none

Sleep: _____ hours a day

Food allergy: yes/no

If yes, which one:

Food intolerance: yes/no

If yes, which one:

For other reasons, do not eat the following foods:

I follow a special diet: yes/no

If yes, describe the diet or give the name of the diet (e.g. Keto diet / LCHF diet, etc.):

Is there a health reason for this (e.g. food intolerance, weight loss, etc.)?

How long have you been dieting?

Bowel movements: _____ times a day

Dietary supplements consumed (name and dosage, e.g. vitamin D, iron, etc.):

If there are health problems, please describe them in more detail and indicate the medications and dosages used (e.g. diabetes, celiac disease, etc.):

Performed studies/analyses (blood samples/intolerance tests, etc.):

Are there pets at home: yes/no

If so, which ones?

Have you lived abroad: yes/no

If yes, how long and where:

Number of meals per day:

Cooking: I cook myself/someone else cooks/I order home/I eat out

How often do you fry food: several times a day/once a day/less often

What do you fry food with: refined oil/lard/coconut or palm oil/olive oil/other(please name)

How many handfuls of the following foods do you eat per day: (a handful is estimated at around 100 g)

- fruit _____ handful(s)

- raw vegetables _____ handful(s)

- boiled/steamed/stewed/wok vegetables _____ handful(s)

How often do you eat meat products: (pâtés, sausages, meat) _____ times a day/ _____ times a week/less often/don't eat at all

How often do you eat dairy products: (yogurts, cottage cheese, curd, etc.) _____ times a day/ _____ times a week/less often/don't eat at all

How often do you eat fish: _____ times a day/ _____ times a week/ _____ less often/not at all

How often do you eat eggs: _____ times a day/ _____ times a week/ _____ less often/not at all
If you eat, how many eggs at a time?

How often do you eat beans/peas/other legumes: _____ times a day/ _____ times a week/less often/not at all

How often do you eat nuts : _____ times a day/ _____ times a week/less often/not at all
If you eat, which nuts?

How often do you eat seeds: _____ times a day/ _____ times a week/less often/not at all
If you eat, which seeds?

How often do you eat acidified products (acidified vegetables/mushrooms, acidified cabbage, acidified dairy products, etc.): _____ times a day/_____ times a week/less often/don't eat at all
If you eat, which acidified products?

Do you rather choose whole grain products in the store (wholegrain bread, wholegrain rice, wholegrain pasta) or do you have more wheat flour products on your menu (white pasta, white rice and bread)? Briefly describe your preferences.

Drink _____ **glasses of water a day** (1 glass is about 200 ml)

I drink _____ **glass of juice a day**

Name what kind of juice: (packaged juice, home-made natural juice, freshly squeezed juice, etc.)

I drink herbal tea _____ **cup a day/less often/not at all**

If so, which one (red/green/black, etc.)

I drink _____ **cups of coffee a day/less often/not at all**

Do you add milk/cream/sugar/sweetener?

I drink soft drinks: every day/several times a week/once a week/less often/not at all

If so, which ones (lemonade, iced tea, flavoured bottled water, energy drink, sugar-free soft drinks, e.g. Coca Cola zero, etc.):

I consume sugar, sweets, syrups, etc. _____ **times a day/** _____ **times a week/** _____ **times a month/do not consume at all**

If so, what kind of sweet in particular:

I consume sugar substitutes _____ **times a day/** _____ **times a week/** _____ **times a month/do not consume at all**

If so, which ones and in what quantity?

I drink alcohol: every day/once a week/once a month/less often/doesn't drink at all

If yes, what and how much (e.g. once a week 1 beer, etc.):

Tobacco: yes/no/rarely

If yes, what kind of tobacco (cigarettes, snuff, e-cigarette, etc.):

If yes, in what quantity:

Health problems, complaints:

- Respiratory diseases: yes/no

-Allergic signs: yes/no

-Cardiovascular diseases: yes/no

- Venous or lymphatic system disorders: yes/no

- Blood diseases: yes/no

-Visual problems or eye diseases: yes/no

- Nose, ear, or throat problems: yes/no

- Neurological diseases or disorders: yes/no
- Psychological problems, mental disorders: yes/no
- Problems related to the spine (neck, back): yes/no
- Bone and joint problems, muscle and tendon problems: yes/no
- Digestive system problems: yes/no
- Gynaecological and genital problems
(also missing menstruation, irregularity, birth control pills, etc.): yes/no
- Endocrinological problems: yes/no
- Kidney or urinary problems: yes/no
- Dermatological diseases, skin allergies: yes/no
- Oral and dental diseases: yes/no

Please describe now as precisely as possible the menu of your 2 typical days (times, amounts, snacks, drinks, snacks, etc.).

Example:

8.00 porridge (oatmeal, butter, seeds, jam), coffee with milk
11.00 apple
13.00 Chicken curry with rice, latte
16.00 cottage cheese
19.00 potato dish, salad, ice cream

Please take the time to fill out the form. The more specific you are, the better I can help you. Please send the form to annely@tervistoidust.eu or annely.puttsepp@fertilitas.ee , if possible, at least 2-3 days before the reception. After I have analysed your form, I will contact you and we will arrange a therapy time.

Thank you! 😊

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