

PATIENT HEALTH QUESTIONNAIRE

Please note that all of your answers will be kept **confidential**
Try to answer every question, there are no 'right' or 'wrong' answers

Name: _____	Date: _____
Dob: _____	Age: _____
Address: _____	
Phone (m) _____	(h/w) _____
Email: _____	
Are you happy to receive AYH monthly newsletter, including recipes and specials? Yes / No	
Do you have any Children? _____	Your Occupation? _____
How did you hear about <i>awaken your health</i> ? _____	

What three things would you most like to improve about your health over the next few weeks?

1. _____
2. _____
3. _____

What are your long term health goals? _____

Do you have any existing medical conditions or injuries? If so, please list: _____

Does or has anyone in your immediate family (parents, grandparents, siblings, children) suffered from any of the following? (please circle)

allergies	arthritis	bowel disorder	cancer
depression	diabetes	heart attack	high blood pressure
high cholesterol	mood disorders	stroke	thyroid disease
other: _____			

Are you currently taking any medications (eg anti-inflammatories / pain relief / contraceptive pill)? Please specify dosage, brand and quantity:

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Are you currently taking any supplements or herbal medicines? Please specify dosage brand and quantity:

Do you have any known allergies? _____

How would you rate your general energy levels? (energy score out of 10, please circle one)

0-2 (hard to get out of bed) **3-4** (feel sluggish but functioning) **5-7** (managing daily activities but could be better)
8-9 (generally good the majority of the time) **9+** (I feel great and am bursting with energy)

Do you feel your energy levels drop within an hour of eating? _____

Do you have cravings for sweets, pastries, cakes, chocolate? _____

How many hours of sleep would you have each night on average (please circle)
0-4 hours 5-6 hours 7-8 hours 8+ hours

How would you rate your daily stress levels? (please circle) low medium high

What is your current weight? _____ **Kg** **What is your goal weight?** _____ **Kg**

Do you smoke? (if so, how many daily?) _____ **Are you an ex-smoker?** (when did you quit?) _____

Do you suffer from any of the following symptoms regularly? (please circle)

asthma	anxiety	back pain	blood disorder
bladder problems	bloating	bronchitis	chest pain
constipation	depression	diabetes	diarrhea
digestive problems	dizziness	epilepsy	hay fever
headaches	heart problems	high blood pressure	high cholesterol
irritable bowel syndrome	low blood pressure	migraines	muscle cramps
painful period	palpitations	pre-menstrual-syndrome	sinus problems
skin problems	sports injuries	weight gain	weight loss

What do you do for exercise? _____ **how often?** _____

What do you do for relaxation? _____ **how often?** _____

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Diet Questionnaire

How often do you usually eat fried foods?	Less than once a week	1 – 2 times a week	3 – 6 times a week	Every day
How many serves of bread, pasta, rice, potatoes or other starchy foods do you have a day?	0 - 1 serves daily	2 serves daily	3 serves daily	4+ serves daily
How many servings of sweet foods like cakes, biscuits, lollies, chocolate do you have a day?	Usually none	1 – 2 serves daily	2 – 3 serves daily	4+ serves daily
How many teaspoons of sugar do you consume daily in hot drinks, added to foods, etc	0 - 3	4 - 6	7 - 9	10+
How often do you usually eat canned or fresh fish?	Rarely	1 – 2 times a week	3 – 6 times a week	Every day
How many pieces of fresh fruit do you usually eat a day?	Usually none	1 – 2 pieces a day	3 – 4 pieces a day	5+ pieces a day
How many servings of vegetables do you usually eat a day (excluding potatoes)	Usually none	1 – 2 serves a day	3 – 4 serves a day	5+ serves a day
How many cups of coffee do you usually drink a day?	Usually none	1 – 2 cups daily	3 – 4 cups daily	5+ cups daily
How many cups of tea do you usually drink a day?	Usually none	1 - 2 cups daily	3 - 4 cups daily	5+ cups daily
How much soft-drink do you consume on average?	Usually none	1-2 cans a week	1 - 2 litres a week	3+ litres a week
How much water do you drink a day?	0 - 500mL	500mL – 1 litre	1 litre – 1.5 litres	1.5+ litres

Please list any additional information you feel is relevant below:
