

Antioxidant Health Assessment

Personal and Confidential

Health: Education, Income, Discipline **Disease:** Inflammation & Oxidative Stress

Prevention through Nutrition: “The amount of antioxidants that you maintain in your body is directly proportional to how long you will live.” Dr. Richard Cutler NIH

Name _____ Date _____

Phone _____ Email _____

Allergies / Medications: _____

What is your # 1 Health Concern? _____

How are you addressing it? _____

Do you feel what you are doing is working? _____

How many servings of fresh fruits & vegetables do you eat daily? _____

Are you at your Ideal Weight? _____

How often do you exercise for thirty minutes or more a day? 2/wk 4/wk 6/wk

How often you smoke? Never Daily Weekly

Supplementation Assessment

Do you take supplements? _____ Why or why not? _____

If yes, how did you select your supplements? _____

Estimated monthly supplement cost? _____ Are your supplements working? _____

How do you know? _____

Besides your number one health concern, please circle any additional concerns you may have:

Bone and Joint Strength

Immune System

Premature Aging

Cancer

Inflammation

Sleep Patterns

Diabetes

Mental Acuity

Stress

Energy Levels

Mood Swings

Vision (AMD?)

Heart Disease

Periodontal Health

Weight Issues

Commitment to Care

Low Commitment

Medium Commitment

High Commitment

Just Don't Know