JULIAN CENTER
for comprehensive dentistry
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Nutrition Questionnaire

This questionnaire should serve as a warning/alert to persons scoring "Yes" in seven or more of the questions below.

1.	Do you eat processed or packaged foods?	Yes	No
2.	Do you eat less than 5 servings of vegetables per day?	Yes	No
3.	Do you follow a low-fat diet?	Yes	No
4.	Do you follow a vegan or vegetarian diet?	Yes	No
5.	Do you eat non-organic food?	Yes	No
6.	Do you have strong cravings for sugar?	Yes	No
7.	Do you find you are hungrier at night time?	Yes	No
8.	Do you have any food addictions?	Yes	No
9.	Do you have uncontrolled blood sugar?	Yes	No
10.	Do you suffer from acid reflux or heartburn?	Yes	No
11.	Do you belch after fatty meals?	Yes	No
12.	Do you notice bloating after eating carbs and/or sugar?	Yes	No
13.	Are you constipated or do you have less than 1 bowel movement per day?	Yes	No
14.	Do you suffer from general indigestion and/or stomach pain after eating?	Yes	No
15.	Are you allergic, sensitive or intolerant to any specific foods?	Yes	No
16.	Have you ever taken antibiotics without probiotics?	Yes	No
17.	Do you get frequent dental cavities?	Yes	No
18.	Do you have bleeding gums?	Yes	No
19.	Do you have broken teeth and/or crowns?	Yes	No

PATIENT NAME (please print): ___________________________________

20.	Do you have gum recession?	Yes	No
21.	Have you noticed a bad odor or taste in your mouth?	Yes	No
22.	Do you grind and/or clench your teeth?	Yes	No
23.	Do you have a coating on your tongue?	Yes	No
24.	Do you suffer from any skin issues? (i.e. eczema, psoriasis, dry skin)	Yes	No
25.	Do you suffer from low energy or fatigue?	Yes	No
26.	Have you recently gained weight or find it's difficult to lose weight?	Yes	No
27.	Do you suffer from headaches or migraines?	Yes	No
28.	Do you have any sleep issues? (i.e. problems falling asleep or staying asleep)	Yes	No
29.	Do you have any cognitive concerns? (i.e. poor memory/concentration or brain fog)	Yes	No
30.	Do you have unexplained joint or muscle pain?	Yes	No
31.	Do you catch colds or infections easily?	Yes	No
32.	Do you suffer from chronic pain?	Yes	No

If you have scored yes to more than seven questions, we may recommend that you meet with our Nutrition Consultant.

PATIENT NAME (please print): ______________________________________