



Back to Life Chiropractic

4201 W Highway 146 · LaGrange, KY 40031

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Innate Eating Questionnaire

Do you prefer* to eat 1 to 3 meals a day?	YES	NO	# of meals:	_____
Do you prefer* to eat 5 or 6 times a day?	YES	NO	# of meals:	_____
Do you prefer* to eat Large meals?	YES	NO	When?	_____
Do you prefer* to eat Small meals?	YES	NO	When?	_____
Do you prefer* to eat lots of snacks throughout the day?	YES	NO	When?	_____
I do not prefer to snack throughout the day?	YES	NO		_____
I prefer to eat a early breakfast?	YES	NO	Time?	_____
I prefer to eat a late night meal?	YES	NO	Time?	_____
I prefer Drinking water?	YES	NO	# a day?	_____
I prefer Drinking caffeinated tea?	YES	NO	# a day?	_____
I prefer Drinking de-caffeinated tea?	YES	NO	# a day?	_____
I prefer Drinking herbal tea?	YES	NO	# a day?	_____
I prefer Drinking shakes?	YES	NO	# a day?	_____
I prefer Drinking milk?	YES	NO	# a day?	_____
I prefer Drinking soft drinks?	YES	NO	# a day?	_____
I prefer Drinking juices?	YES	NO	# a day?	_____
I prefer drinking energy drinks?	YES	NO	# a day?	_____
I prefer drinking sports drinks?	YES	NO	# a day?	_____
I prefer drinking wine?	YES	NO	# a day?	_____
I prefer drinking beer?	YES	NO	# a day?	_____
I prefer drinking mixed drinks?	YES	NO	# a day?	_____
I prefer drinking other _____?	YES	NO	# a day?	_____
I prefer Eating carbohydrates?	YES	NO	Type?	_____
I prefer Eating proteins?	YES	NO	Type?	_____
I prefer Eating Fats?	YES	NO	Type?	_____
I prefer Eating Vegetables?	YES	NO	Type?	_____
I prefer eating fruits?	YES	NO	Type?	_____
I prefer eating meats?	YES	NO	Type?	_____
I prefer eating breads?	YES	NO	Type?	_____
I prefer eating nuts?	YES	NO	Type?	_____
I prefer eating chocolate?	YES	NO	Type?	_____
I prefer eating chips?	YES	NO	Type?	_____
I prefer eating cheeses and dairy products?	YES	NO	Type?	_____

Age: _____

Height: _____

E-mail: _____

DATE _____ NAME _____

*Prefer: what you would like to do naturally. Not because of your time limitations, finances, or schedule.