



NUTRITION NI

HEALTH CHECK QUESTIONNAIRE
EDEN NUTRITION PROGRAMME

Please check the box for any health condition that applies to you:

Age_____ Height_____ Weight_____

- Allergies (list: _____)
Allergic rhinitis and hay fever
ASDV (arteriosclerotic vascular disease)
Blood disorders and anaemia
Cancer, lumps, tumour
Chest tightness, shortness of breath, asthma
Cold sores and herpes labialis
Common colds, viral infections, and flu
Contusions, bruises, burns, and cuts
Colon inflammation and colitis
Chronic pain and fibromyalgia
Calculi and gallstones
Dementia and Alzheimer's
Diverticula inflammation (diverticulitis)
Dermatitis, psoriasis, or skin conditions
Cystitis or urinary track infection
Excess body fat and obesity
Excess alcohol and hangovers
Exhaustion and chronic fatigue
Enteritis or Crohn's syndrome
Hypertension or high blood pressure

What Medications are you on?

- Hypo- or hyper-thyroidism
Insomnia and sleeping disorders
IBS (irritable bowel syndrome)
Insulin resistance or diabetes
Joint problems, arthritis, or osteoporosis
Lung infection or bronchitis
Low immunity or recurrent infections
Mood disorders or depression
Migraines or headaches
Recent accident or major operation
Menopausal symptoms
Muscle cramping and aches
Otitis and ear infections
Varicose veins
Podagra, gout, elevated uric acid
Pregnant or lactating
Stomach pain, heartburn, or indigestion
Sinus inflammation (sinusitis)
Slow colonic transit or constipation
Stomach ulcers
Thrush, fungal infections, or candida

Other health conditions/symptoms?
