**RHL**

https://reversetohealthylife.com

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|  | **QUESTIONNAIRE** |  |
| 1 | **When do you wake up?** |  |
| 2 | **Does your waking up time change frequently? If yes, due to a disturbance in sleep or some work?** |  |
| 3 | **What is your energy level when you wake up in the morning?** |  |
| 4 | **Does even after having slept for sufficient hours you still feel sleepy?** |  |
| 5 | **What is your routine after waking up?** |  |
| 6 | **Are your bowl regular?** |  |
| 7 | **Bowl frequency, daily once, more than once daily, once in two days, quite irregular?** |  |
| 8 | **Do you feel satisfied after pooping?** |  |
| 9 | **Constipation or diarrhoea?** |  |
| 10 | **Do you remain tired throughout the day?** |  |
| 11 | **What is your overall energy level during the whole day?** |  |
| 12 | **Lethargy/sleepiness/drowsiness after meals or general fatigue or sluggishness?** |  |
| 13 | **Are you undergoing any chronic stress, which seems beyond control or unresolvable?** |  |
| 14 | **Are you experiencing any extra stress?** |  |
| 15 | **How intense is your appetite?** |  |
| 16 | **Do you eat even without being actually hungry?** |  |
| 17 | **Do you feel full after a little eating?** |  |
| 18 | **Do you feel bloated after eating?** |  |
| 19 | **Do you experience gas or indigestion problem post eating?** |  |
| 20 | **Do you experience acidity after eating or in general?** |  |
| 21 | **Any pain in the abdominal area after eating?** |  |
| 22 | **Any fluid retention in body?** |  |
| 23 | **Any recent weight gain or weight loss?** |  |
| 24 | **Muscle aches or /and cramps?** |  |
| 25 | **Memory loss?** |  |
| 26 | **Are you sensitive to cold?** |  |
| 27 | **Do you sweat more than normal?** |  |
| 28 | **Hypertension or hypotension?** |  |
| 29 | **White spots on nails?** |  |
| 30 | **Cracked, chipped fingernails?** |  |
| 31 | **Black spots on the tongue?** |  |
| 32 | **Dandruff?** |  |
| 33 | **Dry skin?** |  |
| 34 | **Do you always work indoors, your exposure to sun?** |  |
| 35 | **Dry lips?** |  |
| 36 | **Regular pains in any part of your body?** |  |
| 37 | **Do you fall sick with change of weather?** |  |
| 38 | **Walking, yoga, stretching, or any other exercise?** |  |
| 39 | **How many stairs can you comfortably climb?** |  |
| 40 | **For how much time can you walk at one stretch?** |  |
| 41 | **Are you allergic to any food or beverages?** |  |
| 42 | **Are you generally happy or in a good mood or due to stress or situation or work pressure it has less priority?** |  |
| 43 | **When do you generally go to bed to sleep?** |  |
| 44 | **Any screen time before going to bed?** |  |
| 45 | **What is generally your period and quality of sleep?**  |  |
| 46 | **Your level of social interaction?** |  |
| 47 | **Any medical condition?** |  |
| 48 | **Is any other thing to be mentioned like excessive falling of hair, dry scalp, mood swings, loss of complete appetite in stressful situations, compulsive sweet eating, sweet cravings, frequent headaches,?** |  |
| 49 | **How willing are you to change your food and lifestyle?** |  |
| 50 | **Will you be able to make some changes in your cooking and eating patterns, maybe for a few weeks?** |  |
| 51 | **Which of your problems would you like to fix at the earliest?** |  |

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