

# CLINICIAN CHECKLIST



## Diet History

1. What does a typical day's diet look like for you?
2. Are you getting enough hydration throughout the day?
3. How often do you consume processed or sugary foods?
4. Are you taking any dietary supplements?
5. Do you smoke?

## Physical Activity

How often do you engage in physical activities, such as:

1. Aerobic exercises like walking, swimming?
2. Strength training?
3. Stretching/flexibility

## Sleep & Rest

1. How many hours of sleep do you typically get each night?
2. Do you feel rested when you wake up?
3. Have you noticed any changes in your memory or mental clarity due to poor sleep or sleep disturbances?

## Stress & Mental Health

1. What strategies do you use to manage stress?
2. Do you engage in any activities that help you relax or maintain mental clarity, such as meditation, hobbies, or socializing?
3. Are you involved in activities that challenge your brain, such as reading, puzzles, or learning new skills?

# Barriers to Good Nutrition

1. Do you have easy access to fresh fruits, vegetables, and other healthy foods where you live?
2. Are there grocery stores or farmers' markets nearby that offer healthy food options?
3. Do you have transportation to get to places where you can buy healthy foods?
4. Do you find it challenging to afford healthy foods, like fresh produce or lean proteins?
5. Have you experienced any difficulty budgeting for nutritious meals each week?
6. Do you have enough time to prepare healthy meals, or do you find yourself relying on convenience or fast food?
7. Do you feel confident in your ability to cook healthy meals at home?
8. Do you have any difficulty following dietary recommendations due to health conditions or medications?
9. Are there any cultural or family traditions that influence the foods you eat?
10. How motivated do you feel to make changes to your eating habits?
11. Do you feel you understand the basics of nutrition and how to make healthy food choices?

