

Brady Chiropractic & Wellness Center

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Sleep, Exercise and Dietary Habits

Name: _____ Date: _____

The following are a series of questions to help determine if your various body systems are working optimally. Please take your time and answer questions as accurately as possible. If you have any questions, please do not hesitate to ask.

Sleep: Sleep is very important to our health. It is important to know these details because improper sleeping hygiene can have a big impact on your health.

What are your normal times of going to bed and awakening? Go to Bed? _____ Awake? _____

Do you typically use an alarm or have someone wake you? Yes _____ No _____

*If yes, on weekends or when you do not have to rise for a particular reason; what time do you wake?

Do you feel rested and refreshed when you awake? Yes _____ No _____

Do you have difficulty getting to sleep? Yes _____ No _____

*If yes, please go into detail; how long does it typically take to get to sleep? _____

Do you wake after sleeping for awhile? Yes _____ No _____

*If yes, what time do you typically wake, or how long after getting to sleep? _____

How long do you stay awake? _____

Do you use medication or supplements to help you sleep? Yes _____ No _____

*If yes, what do you use and is it successful? _____

Exercise: Please answer the following regarding your exercise habits.

Do you exercise? Yes _____ No _____

*If yes, what type of exercise, how many times a week, and duration? _____

Do you feel better, worse, or the same after exercise typically? _____

Diet: Think about your typical diet and answer the following.

What is your typical breakfast? _____

What is your typical lunch? _____

What is your typical dinner? _____

Have you recently changed your diet routine in the last three or four months? Yes _____ No _____
*If yes, what was your diet previously?

Breakfast _____

Lunch _____

Dinner _____

What do you crave? _____

Do you care for sugary, salty, or sour foods? _____

What do you snack on? _____

What do you drink? Please list what and how much approximately. Ex: coffee, soda (kind), juice (type), alcohol, other. _____

What is your blood type? _____

What is your genetic ancestral heritage? Ex: Native American, Spanish, Iranian, Welsh, etc. _____

Thank you for taking the time and energy to fill out this form, it will help us help you!

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