

Off Grid Doc Metabolic Questionnaire

Name _____ Age _____ Date of Birth _____ Sex M F
Marital Status _____ Who lives with you? _____
Height _____ Weight _____ Waist measured at belly button _____ inches
Length of time at current weight _____ Weight at 18 or High School graduation _____
What do you think your ideal weight is and when was the last time you were there? _____
Reason for this visit? _____

What is your motivation for contacting Dr. Issa at this time? _____
What are your specific health goals? For example, getting to a certain weight, become eligible for surgery, participation in certain activities, eliminating medications, reversing diabetes, metabolic syndrome, fatty liver, longevity, etc. _____

Women Only:

Last menstrual period _____ Number of pregnancies _____
Date last child was born _____ Your weight 6 weeks after delivery of last child _____

What type of diet do you consume? Meat Vegetarian Vegan
How long you have been eating this way and why? _____
Any food aversions, intolerances, allergies, or religious factors _____

When is the first time you eat in the day? _____ When is the last time in the day you eat or drink anything besides water? _____ How many times do you eat including snacks? _____

What time are your meals? _____
How many meals in a week do you eat a prepared meal or eat out at a restaurant? _____
What time do you get up in the morning? _____ What time do you go to bed at night? _____
Is your cookware coated with Teflon? _____
What is the source of the water you drink? City, bottled, filtered, well, distilled, reverse osmosis _____
What did you eat yesterday? List everything. _____

Breakfast _____
Lunch _____
Dinner _____
Snacks _____
Drinks _____

What diets you have tried? List starting weight, ending weight, starting date, ending date, why you liked it, why it worked and why it did not work? _____

Have you ever used intermittent fasting, a low carbohydrate or ketogenic diet? If so, why, and what were your results? _____

Who is the primary food shopper in your home? _____ Who is the primary cook in your home? _____
History of eating disorder? Y N If so which one(s) _____
How much water do you drink every day? _____ Do you exercise? Yes No
What do you do for exercise? _____
How long do you exercise? _____ How many times a week do you exercise? _____

How long have you been exercising? _____ Why do you exercise? _____

Have you ever gone longer than 12 hours between meals? Yes No

Why or why not? _____

What is the longest you have gone without eating? _____

What do you usually drink? _____

What sweetened drinks do you consume and how much? _____

Do you drink smoothies? Yes No How much and how often? _____

Do you drink fruit juice? Yes No How much or how often? _____

Do you drink shakes, juices, energy drinks, specialty coffee? _____

Do you add protein powder? Yes No Do you drink coffee? Yes No How often? _____

What do you add to your coffee? _____

Do you drink tea? Yes No How often? _____ What do you add to your tea? _____

Do you drink diet sodas? Yes No How much and how often? _____

Do you drink alcohol? Yes No How much and how often? _____

What do you use to sweeten your drinks? _____

Do you eat cocoa or chocolate? Yes No

What kind of nut butters do you like? _____

What type of protein do you eat?

- | | | | |
|----------------|---------------|-----------------|----------------------------|
| _____ Red Meat | _____ Natto | _____ Peas | _____ Processed meat |
| _____ Poultry | _____ Seitan | _____ Legumes | (sausage, bacon, hot dogs) |
| _____ Fish | _____ TVP | _____ Tempe | _____ Eggs |
| _____ Tofu | _____ Beans | _____ Chickpeas | _____ Cheese |
| _____ Gluten | _____ Lentils | | _____ Meat substitute |

What kind of milk do you drink?

- | | | | | |
|-----------------|--------------|------------|--------------|---------------|
| _____ Cow | _____ Almond | _____ Soy | _____ Cashew | _____ Coconut |
| _____ Macadamia | _____ Oat | _____ Rice | | |

What kind of nuts and seeds do you like?

- | | | | | |
|---------------|---------------------|-----------------|------------------|-----------------|
| _____ Peanuts | _____ Walnuts | _____ Pecans | _____ Cashews | _____ Macadamia |
| _____ Almonds | _____ Brazil | _____ Chestnuts | _____ Chia seeds | _____ Flax |
| _____ Hemp | _____ Pumpkin seeds | _____ Sunflower | | |

What kind of fats and oils do you use to cook and prepare food with?

- | | | | |
|-----------------|---------------------|------------------------------|-----------------------|
| _____ Olive | _____ Canola | _____ Smart Balance | _____ Soy oil |
| _____ Coconut | _____ Grape seed | _____ Earth Balance | _____ Peanut oil |
| _____ Butter | _____ Cotton | _____ Ghee(clarified butter) | _____ Sesame seed oil |
| _____ Avocado | _____ Grape seed | _____ MCT oil | _____ Heavy Cream |
| _____ Macadamia | _____ Sunflower oil | _____ SCT oil | |
| _____ Tallow | _____ Vegetable oil | _____ Shortening | |
| _____ Lard | _____ Margarine | _____ Hydrogenated oil | |

Do you use any of the following?

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|--------------------------------------|--|--|---|
| <input type="checkbox"/> Avocados | <input type="checkbox"/> Apple cider vinegar | <input type="checkbox"/> Bragg's aminos | <input type="checkbox"/> Pickled or fermented foods |
| <input type="checkbox"/> Olives | <input type="checkbox"/> Other vinegars | <input type="checkbox"/> Bouillon cubes | |
| <input type="checkbox"/> Lemon juice | <input type="checkbox"/> Broth or stock | <input type="checkbox"/> Nutritional yeast | |
| <input type="checkbox"/> Lime juice | <input type="checkbox"/> Soy sauce | | |

What kind of sauces and dressings do you use or like?

- | | | | |
|---|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Mayonnaise | <input type="checkbox"/> Remoulade sauce | <input type="checkbox"/> Teriyaki | <input type="checkbox"/> Mustard |
| <input type="checkbox"/> Hollandaise | <input type="checkbox"/> Salsa | <input type="checkbox"/> Hoisin | <input type="checkbox"/> Cocktail |
| <input type="checkbox"/> Bearnaise | <input type="checkbox"/> Guacamole | <input type="checkbox"/> Sriracha | <input type="checkbox"/> Tomato |
| <input type="checkbox"/> Aioli | <input type="checkbox"/> Hummus | <input type="checkbox"/> Steak | <input type="checkbox"/> Pesto |
| <input type="checkbox"/> Barbecue sauce | <input type="checkbox"/> Ketchup | <input type="checkbox"/> Oyster | |

What kind of dressings do you like?

- | | | | |
|--------------------------------------|--|--|---------------------------------|
| <input type="checkbox"/> Ranch | <input type="checkbox"/> Italian | <input type="checkbox"/> Thousand island | <input type="checkbox"/> French |
| <input type="checkbox"/> Vinaigrette | <input type="checkbox"/> Oil & vinegar | <input type="checkbox"/> Oil & lemon | |

What kind of fruits and berries do you eat or like?

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|-------------------------------------|---|--|--|
| <input type="checkbox"/> Peach | <input type="checkbox"/> Kiwi | <input type="checkbox"/> Persimmons | <input type="checkbox"/> Mulberries |
| <input type="checkbox"/> Plum | <input type="checkbox"/> Pear | <input type="checkbox"/> Loquat | <input type="checkbox"/> Saskatoon |
| <input type="checkbox"/> Apple | <input type="checkbox"/> Pineapple | <input type="checkbox"/> Pomegranate | <input type="checkbox"/> Chokecherries |
| <input type="checkbox"/> Banana | <input type="checkbox"/> Grapes | <input type="checkbox"/> Strawberries | <input type="checkbox"/> Boysenberries |
| <input type="checkbox"/> Cantaloupe | <input type="checkbox"/> Cherries | <input type="checkbox"/> Blueberries | <input type="checkbox"/> Pomegranates |
| <input type="checkbox"/> Watermelon | <input type="checkbox"/> Honeydew melon | <input type="checkbox"/> Blackberries | |
| <input type="checkbox"/> Oranges | <input type="checkbox"/> Grapefruit | <input type="checkbox"/> Raspberries | |
| <input type="checkbox"/> Nectarines | <input type="checkbox"/> Apricots | <input type="checkbox"/> Huckleberries | |

What kind of vegetables do you eat or like?

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|--|--|---|---------------------------------------|---|
| <input type="checkbox"/> Cauliflower | <input type="checkbox"/> Cabbage | <input type="checkbox"/> Broccoli | <input type="checkbox"/> Zucchini | <input type="checkbox"/> Spinach |
| <input type="checkbox"/> Asparagus | <input type="checkbox"/> Kale | <input type="checkbox"/> Lettuce | <input type="checkbox"/> Carrots | <input type="checkbox"/> Tomatoes |
| <input type="checkbox"/> Green beans | <input type="checkbox"/> Brussel sprouts | <input type="checkbox"/> Butternut squash | <input type="checkbox"/> Peas | <input type="checkbox"/> Corn |
| <input type="checkbox"/> Celery | <input type="checkbox"/> Cucumber | <input type="checkbox"/> Bell peppers | <input type="checkbox"/> Eggplant | <input type="checkbox"/> Onions |
| <input type="checkbox"/> Beet greens | <input type="checkbox"/> Turnip greens | <input type="checkbox"/> Swiss chard | <input type="checkbox"/> Bok choy | <input type="checkbox"/> Leeks |
| <input type="checkbox"/> Beets | <input type="checkbox"/> Turnips | <input type="checkbox"/> Pumpkin | <input type="checkbox"/> Acorn squash | <input type="checkbox"/> Spaghetti squash |
| <input type="checkbox"/> Yellow squash | <input type="checkbox"/> Artichoke | <input type="checkbox"/> Parsnips | <input type="checkbox"/> Rutabaga | <input type="checkbox"/> Radishes |
| <input type="checkbox"/> Yams | <input type="checkbox"/> Sweet potato | <input type="checkbox"/> Potato | | |

What kind of grains do you eat or like?

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|--------------------------------------|---|--|---------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Rolled oats | <input type="checkbox"/> Steel cut oats | <input type="checkbox"/> Wheat berries | <input type="checkbox"/> Quinoa | <input type="checkbox"/> White rice | <input type="checkbox"/> Brown rice |
| <input type="checkbox"/> Millet | <input type="checkbox"/> Spelt | <input type="checkbox"/> Kamut | <input type="checkbox"/> Rye | <input type="checkbox"/> Barley | <input type="checkbox"/> Buckwheat |

What kinds of refined/processed carbohydrates do you eat or like?

- | | | | | | |
|--------------------------------|------------------------------------|--------------------------------------|---------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Pasta | <input type="checkbox"/> Tortillas | <input type="checkbox"/> Pita | <input type="checkbox"/> Bread | <input type="checkbox"/> Muffins | <input type="checkbox"/> Cookies |
| <input type="checkbox"/> Cakes | <input type="checkbox"/> Nan | <input type="checkbox"/> Cold cereal | <input type="checkbox"/> Granola bars | <input type="checkbox"/> Chips | |

