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## QUESTION FOR PATIENT TO CREATE A DIET CHART

Criteria	Questions
<b>Basic Information</b>	<ol style="list-style-type: none"><li>1. What is your age?</li><li>2. What is your height?</li><li>3. What is your current weight?</li><li>4. Are you male or female?</li><li>5. What is your occupation?</li><li>6. What is your prakati? <i>*if not know go to homepage and check your prakarti.</i></li></ol>
<b>Medical History</b>	<ol style="list-style-type: none"><li>1. What is your specific disease history?</li><li>2. Are you currently under treatment for any medical conditions?</li><li>3. Are you taking any medications?</li><li>4. Do you have any allergies or food intolerances?</li></ol>

<b>Dietary Habits</b>	<p>1. What does a typical day of eating look like for you?</p> <p>2. Do you follow a specific diet?</p> <p>3. Do you have any food preferences or dislikes?</p> <p>4. How often do you eat out or order takeout?</p>
<b>Lifestyle</b>	<p>1. What is your daily routine like?</p> <p>2. Do you exercise regularly? If so, what type and how often?</p> <p>3. Do you smoke or consume alcohol? If so, how frequently?</p>
<b>Goals</b>	<p>1. What are your goals in creating a diet chart?</p> <p>2. Are you looking to lose weight, maintain weight, or gain weight?</p> <p>3. Are there specific health issues (related to your disease history or otherwise) that you hope to address with your diet?</p>
<b>Support System</b>	<p>1. Do you live with others? If so, what are their eating habits?</p> <p>2. Do you have support in your goal to change your eating habits?</p>
<b>Resources</b>	<p>1. Do you have any constraints that might affect your ability to follow a diet plan (e.g., financial constraints, time constraints)?</p> <p>2. Are you able to cook at home, or do you rely on prepared foods?</p>