



NUTRITION QUESTIONNAIRE

Your Name: _____

Email: _____

Mailing Address: _____

Phone: _____

Height: _____

Weight: _____ Goal Weight (if applicable) _____

Birthday: _____

1. Have you discussed starting a nutrition and exercise program with your doctor? _____

2. Is there ANY reason you should consult first with a doctor? _____

3. Please describe any current and ongoing concerns about your health.

4. Please list the challenges you have when trying to improve your health.

5. List any allergies or sensitivities you have, if any.

6. List your history of major illness, disease, injury, or surgery.

7. List any drugs, prescription or otherwise, and when you take it.

8. List any supplements you take (protein powder, probiotics, vitamins, minerals, etc).

9. What is your general diet like day to day? Please list beverages as well.

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

10. List any cravings you have and when you have them.

11. What percentage of your meals are eaten out? _____

12. Who typically prepares your meals when at home? _____

13. Please note any digestive health symptoms you experience frequently (bloating, constipation, cramping, diarrhea, gas, heartburn/acid reflux, nausea).

14. What is motivating you to make a change in your eating habits?

15. Please list any foods/beverages you absolutely despise and are not willing to try.

16. Please list any foods/beverages you absolutely love and are not willing to give up.

17. Have you ever followed a nutrition/exercise plan/diet in the past? _____

Was it successful? _____

Let's discuss!

18. Do you smoke or drink alcohol? _____

If you answered yes, please describe your habit in a few words.

19. How many hours of sleep do you typically get each night? _____

Additional sleep habits worth mentioning: _____

20. What are your goals concerning your health? Be specific

1 Month: _____

3 Months: -----

1 Year: -----

21. How committed are you to these goals? Please circle one.

Someone is making me

I'm ready to try again

Watch out world, here I come!

22. Please list any other concerns or thoughts that can help us achieve your lifestyle changes together!
