

Questionnaire

Name: _____ Age _____
Date of Birth(MM/DD/YY): ____/____/____
Phone Number: _____ Email Address: _____
Address: _____
Gender: _____ Occupation _____
(Height _____ Usual Weight _____ Goal Weight _____)

Please tell me why you are seeking my professional help: _____

What are your specific health goals?

Why would you like to make health/nutrition/lifestyle changes now?

Your nutrition knowledge is:
very good / good / average / not so good / You would like to learn more

Have you ever had a consult with a dietitian or nutritionist?
 No Yes

Have you ever implemented your own methods to achieve your goals?
 No Yes What have you tried? _____

Are you currently following a certain diet?
 No Yes Why did you choose it particularly?

Do you have any allergies?
 No Yes What are you allergic to? _____

Do you have any food intolerances or strong dislikes?
 No Yes What specific foods? _____

Are you currently taking any medications, vitamins, or supplements ?

Do you smoke?
 No Yes

The following questions relate to your typical eating habits:

How many meals do you eat daily?

3 2 1 5-6 small

Do you snack?

No Yes :favorite snacks:_____

Do you drink alcohol?

No Yes :How much?_____

How much water and non-caffeinated drinks (if not water, specify) do you drink per day, on average? _____

How often do you usually cook? _____ days per week

Do you go out or take out meal? (restaurant or fast food) _____ days/ week _____ days/month

What are some of your typical meals?

Do you have any known food intolerances?

No Yes If so, please describe:_____

Do you avoid specific foods?

No Yes :_____

Your breakfast time is usually at _____

Your lunch time is usually at _____

Your snack time is usually at _____

Your dinner time is usually at _____

Do you ever eat for reasons other than hunger? Please check all that apply

___ relaxing/reward ___ upset ___ boredom ___ tired

___ stress/anxiety ___ social custom ___ other:_____

How would you describe your exercise habits? Check all that apply:

___ I enjoy my exercise routine and usually stick to it

___ I want to improve my exercise habits but things get in the way

___ I really don't like to exercise

___ I have physical conditions that limit my exercise:_____

I Exercise: 0-2x/week 3-4x/week 5-7x/week

0-30 minutes/session 45-60 min./session 60+ min/session

How would you describe your sleeping pattern?

How do you describe your stress level?

Please feel free to share any other relevant information or anything you feel would benefit our work together:
