ZeelandRecreation
Doing well together.

NUTRITION AND WEIGHT MANAGEMENT QUESTIONNAIRE

Name:_____ Date:_____

Age:_____ Phone:_____

Email:_____

Occupation:_____ Hours/Week:_____

List other people in your household and their relationship to you:_____

_____

GENERAL HEALTH INFORMATION

How do you rate your health? (Please circle one) Poor Fair Good Excellent

Height:_____ Weight:_____

How often do you use tobacco?_____ Alcohol?_____

How many hours of sleep do you average per night?_____ Is your sleep restful? Yes No

On a scale from 1 (low) to 5 (high), how would you rate your daily stress level? 1 2 3 4 5

How do you cope with stress in your daily life?_____

_____

List any serious medical conditions that you currently have or are concerned about:_____

_____

_____

_____

List all prescription and over-the-counter medications that you take:_____

_____

List all vitamins, minerals, supplements, and herbs that you take:_____

_____

On a scale from 1 (low) to 5 (high), how ready are you to make lifestyle changes? 1 2 3 4 5

On a scale from 1 (low) to 5 (high), how confident are you to make lifestyle changes? 1 2 3 4 5

What are some obstacles/challenges in your life that may be preventing you from optimal wellness?

_____

_____

_____

NUTRITIONAL INFORMATION

What one or two things would you like to change about your diet?_____

_____

_____

_____

PHYSICAL ACTIVITY INFORMATION

What is the most physically active thing you do in an average day?_____

_____

What, if any, regular exercises do you do? How often and for how long?_____

_____

_____

Do you know of any reason(s) why you should not do physical activity? Yes No

If yes, please explain the reasons:_____

_____

_____

Please provide any additional information that may be helpful or necessary:_____

_____

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FOOD DIARY

Prior to the initial evaluation with your coach, please complete the attached food diary for up to seven consecutive days for an overview of your current dietary habits.

Client Signature:_____

DATE:		Please describe in detail ***when, what and the amount*** you ate this day. Write "none" if you did not eat that meal or snack.	
FOOD DIARY	**TIME**	**LIST FOODS EATEN**	**AMOUNT**
BREAKFAST			
SNACK			
LUNCH			
SNACK			
DINNER			
SNACK			