

**Nutritional Questionnaire**

Date: \_\_\_\_\_

This is Confidential Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ M F (please circle)

Birth Date \_\_\_\_\_ Usual Weight \_\_\_\_\_ Goal Weight \_\_\_\_\_

E-Mail \_\_\_\_\_ Impedance \_\_\_\_\_ (We will measure metabolic rate.)

Are you interested in a Complimentary Nutritional Consultation? \_\_\_\_\_

Are you interested in learning more about a nutrition-counseling program? \_\_\_\_\_

Have you ever participated in a nutrition counseling program that is based on real food and long term lifestyle changes? (not commercialized weight loss programs or a personal trainer) \_\_\_\_\_

Most Important Reason(s) For Considering Nutrition Counseling (start with most important) \_\_\_\_\_

What Nutritional Programs or Diets Have You Tried In The Past? (If any) \_\_\_\_\_

ANSWER 1 to 10. 1 = LOW IMPORTANT 5 = MEDIUM IMPORTANT 10 = VERY IMPORTANT

Is nutrition counseling for cancer, heart disease, and disease prevention important? \_\_\_\_\_

Is nutrition counseling for weight management (reduce body fat & increase muscle) important? \_\_\_\_\_

Is nutrition counseling for weight gain (lean mass increase) important? \_\_\_\_\_

Is nutrition counseling to have more energy and better workouts? \_\_\_\_\_

How many pounds weight loss or gain would you prefer each week or month (please circle) ? \_\_\_\_\_ lbs