

Meaghan's Healthy Habits^(sm)

CLIENT QUESTIONNAIRE

Please print clearly. Answer all questions frankly.
Answers will be kept confidential.

Program: MEAGHAN'S HEALTHY HABITS^(sm) Date: _____

Name: _____ Telephone-Home: _____

Address: _____

Mobile Phone: _____ Business Phone: _____

Email address: _____

Occupation: _____

Sex: _____ HT: _____ WT: _____ Age: _____

Referred by: _____

Goal weight: _____

Current Activity Level:

- _____ Completely inactive.
- _____ Rarely walk more than 3 blocks. Less than one hour of light physical activity daily. No regular exercise or sport.
- _____ Occasional short walks. At least one hour medium physical activity daily. Exercise or engage in light physical sports at least once every two weeks.
- _____ Walk or jog 15-20 minutes weekly. Three or four hours medium physical activity daily. Minimum of one hour of physical sports weekly.
- _____ Walk, jog or run 15-20 minutes four to five times weekly. Heavy physical sports program twice a week.
- _____ Very active, on level of professional athlete.

Weight History:

When did you become overweight? _____ Childhood ___ Adolescence ___ Early _____

Adulthood ___ Mid-Adulthood ___ During Pregnancy _____

What do you believe is your ideal weight? _____

How long, do you think it should take you to achieve your ideal weight? _____ months.

What is your reason for wanting to loose weight? ___ Look better ___ Feel better _____

Improve health ___ Advice from your physician ___ Advice from family member _____

Advice from friend ___ Occupational necessity _____