

## New Client Questionnaire

Welcome to team JUST-IN-NUTRITION! Let me first tell you how excited I am to be working with you in order to meet your health and fitness goals. I have designed this questionnaire for the purpose of being able to better personalize a strategy to reach success in the most optimal and simplest way possible for you. I am a strong believer that success begins with preparation and by taking the time to answer the following questions honestly and in as much detail as possible, we can tailor a plan to fit exactly to your lifestyle! Please highlight or answer every question in as much detail to the best of your knowledge.

Physical Assessment:

1. What is your age, height, weight, and estimated body fat % (optional)?
  - a. Age:
  - b. Height:
  - c. Weight:
  - d. Body Fat % (estimate):
2. What is your current level of physical activity?
  - a. Sedentary (0-1 workouts a week)
  - b. Low (1-2 workouts a week)
  - c. Active (3-5 workouts a week)
  - d. Extremely active (6-7 workouts a week)
3. How long have you been working out for?
  - a. <6 months
  - b. 6 months to 1 year
  - c. 1-3 years
  - d. >3 years

4. How many days can you consistently workout a week?

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5
- f. 6
- g. 7

5. What is your current weekly workout routine?

- Sunday:
- Monday:
- Tuesday:
- Wednesday:
- Thursday:
- Friday:
- Saturday:

6. Do you have a current cardio protocol?

- a. Yes; explain\_\_\_\_\_
- b. No

7. Describe your current dietary intake: (highlight all that apply)

- a. Not eating enough
- b. Eating too much
- c. Consistently following a menu/macro profile
- d. Inconsistent eating habits
- e. Other: Explain\_\_\_\_\_

8. What time of day do you prefer to workout at?

- a. Early Morning (between 5am-11am)
- b. Early Afternoon (between 11am- 4pm)
- c. Early Evening (between 4pm- 7pm)

- d. Night (between 7pm-12am)
  - e. No preference
9. What are your current health and fitness goals?
- a. Lose weight
  - b. Maintain weight
  - c. Gain weight
  - d. Build muscle
  - e. Contest/ Event Prep
  - f. Other. \_\_\_\_\_
10. Is there a specific health or fitness goal you would like to achieve through this program? Please explain:
11. What areas of the body would you like to improve the most? (Applicable for building muscle). Please pick all that apply:
- a. Arms
  - b. Back
  - c. Legs
  - d. Chest
  - e. Shoulders
  - f. Waist
  - g. Other/Specific region:\_\_\_\_\_
12. What body type would you classify yourself as?
- a. Endomorph ( easy-gainer, slower metabolism, naturally larger body frame)
  - b. Ectomorph (hard-gainer, high metabolism, naturally slimmer body frame)
  - c. Mesomorph (athletic build, medium metabolism, naturally muscular)
13. Do you have any health-related issues or injuries that prevent you from normal mobility and/or any information that you feel I should be aware of? Please explain:

14. Please list any medications and supplements you currently are taking or have taken along with dosing protocol that may affect nutritional needs:

Nutritional Preferences:

1. Do you have any food allergies that need to be taken into consideration? (Peanuts, gluten, eggs, dairy, etc...)
  - a. No
  - b. Yes, \_\_\_\_\_
2. On a scale of 1-5, 1 being "strongly dislike" , 3 being "indifferent" , and 5 being "strongly like" , please rate the following foods by highlighting the corresponding rating:

Meats:

a. Fish:

- |              |   |   |   |   |   |
|--------------|---|---|---|---|---|
| i. Tilapia:  | 1 | 2 | 3 | 4 | 5 |
| ii. Salmon:  | 1 | 2 | 3 | 4 | 5 |
| iii. Shrimp: | 1 | 2 | 3 | 4 | 5 |
| iv. Tuna:    | 1 | 2 | 3 | 4 | 5 |

b. Steak:            1      2      3      4      5

c. Eggs

- |                 |   |   |   |   |   |
|-----------------|---|---|---|---|---|
| i. With Yolk:   | 1 | 2 | 3 | 4 | 5 |
| ii. Egg whites: | 1 | 2 | 3 | 4 | 5 |

d. Chicken:        1      2      3      4      5

e. Pork:            1      2      3      4      5

f. Hamburger:    1      2      3      4      5

g. Turkey Meat:   1      2      3      4      5

h. Bacon:          1      2      3      4      5

i. Beef Jerky: 1 2 3 4 5

Fruits:

j. Bananas: 1 2 3 4 5

k. Peaches 1 2 3 4 5

l. Pineapple 1 2 3 4 5

m. Strawberries: 1 2 3 4 5

n. Grapes: 1 2 3 4 5

o. Raspberries: 1 2 3 4 5

p. Blueberries: 1 2 3 4 5

q. Avocados: 1 2 3 4 5

r. Tomatoes: 1 2 3 4 5

Nuts:

s. Almonds: 1 2 3 4 5

t. Pecans: 1 2 3 4 5

u. Walnuts: 1 2 3 4 5

v. Cashews: 1 2 3 4 5

Vegetables:

w. Broccoli: 1 2 3 4 5

x. Lettuce: 1 2 3 4 5

y. Spinach: 1 2 3 4 5

z. Asparagus: 1 2 3 4 5

aa. Green Beans: 1 2 3 4 5

bb. Potatoes:

i. White: 1 2 3 4 5

ii. Sweet: 1 2 3 4 5

cc. Carrots: 1 2 3 4 5

dd. Zucchini: 1 2 3 4 5

ee. Corn: 1 2 3 4 5

Dairy:

ff. Milk

i. Almond:	1	2	3	4	5
ii. Soy:	1	2	3	4	5
iii. 1%:	1	2	3	4	5
iv. 2%:	1	2	3	4	5
v. Whole:	1	2	3	4	5

gg. Cheese: 1 2 3 4 5

hh. Yogurt/Greek Yogurt: 1 2 3 4 5

Breads/Grains:

ii. Granola: 1 2 3 4 5

jj. Pasta: 1 2 3 4 5

kk. Rice

i. White: 1 2 3 4 5

ii. Brown: 1 2 3 4 5

ll. Bread

i. White: 1 2 3 4 5

ii. Wheat: 1 2 3 4 5

mm. Cereal

i. Basic: 1 2 3 4 5

ii. Sugary: 1 2 3 4 5

nn. Oatmeal: 1 2 3 4 5

Miscellaneous and Sweets:

oo. Condiments/Dressings (light options)

i. Ketchup: 1 2 3 4 5

ii. Mayonnaise: 1 2 3 4 5

iii. Mustard: 1 2 3 4 5

iv. Relish: 1 2 3 4 5

v. Ranch: 1 2 3 4 5

vi. Italian:	1	2	3	4	5	
pp. Protein Shakes						
i. Vanilla:	1	2	3	4	5	
ii. Chocolate:	1	2	3	4	5	
iii. Other:	1	2	3	4	5	
qq. Protein Bars:	1	2	3	4	5	
rr. Peanut Butter:	1	2	3	4	5	
ss. Chocolate:	1	2	3	4	5	
tt. Vanilla:	1	2	3	4	5	
uu. Hard Candy:	1	2	3	4	5	
vv. Ice Cream:	1	2	3	4	5	
ww. Chips:		1	2	3	4	5

3. In general, do you have a preference for more sweet or salty foods?
  - a. Sweets
  - b. Salty
  - c. Both
  - d. Depends on my mood
4. Do you like spicy or mild flavored foods?
  - a. Mild
  - b. Medium heat
  - c. Nothing is too spicy for me
5. Describe an ideal menu category:
  - a. Simple menu with repetitive foods
  - b. Variety with unique foods for each meal
  - c. No preference as long as I get results!
6. Do you drink Soda? If so how many cans on average?
  - a. Yes, <1 daily
  - b. Yes, 1 daily
  - c. Yes, more than 1 can per day

- d. No
7. If you do drink soda is it regular or diet?
- a. Regular
  - b. Diet
  - c. N/A

General Lifestyle:

1. Are you currently employed? If so how much activity is involved at work?
  - a. Yes, constantly activity (server, construction worker, etc...)
  - b. Yes, intermediate activity (teacher, sales associate)
  - c. Yes, sedentary activity (desk job)
  - d. Not currently employed
2. How many hours a week do you work?
  - a. Full time
  - b. Part time, \_\_\_\_\_ hours per week
  - c. Other, please explain. \_\_\_\_\_
3. Between work and day-to-day life please describe a typical day from the start to the end of your day including times of availability that you have. If your schedule is in constant flux please explain your day-to-day life for at least 2 days.
4. How much caffeine do you consume daily?
  - a. None
  - b.  $\geq 120\text{mg}$  (~1 cup of coffee)
  - c. 121-300mg (2-3 cups of coffee/ most pre workouts)
  - d. 300-500mg (2-3 cups of coffee + pre workout)
  - e.  $>500\text{mg}$  (combination of multiple cups of coffee, pre workouts, and/or fat burners, etc...)



5. In relation to the previous question, how sensitive to caffeine are you?
  - a. Unsure
  - b. High sensitivity
  - c. Medium sensitivity
  - d. Low sensitivity
6. How many hours a night on average do you get of sleep?
  - a. 4-5
  - b. 5-6
  - c. 6-8
  - d. 9 or greater
7. How often do you drink alcoholic beverages?
  - a. I do not drink
  - b. Rarely (fewer than 1 time a month)
  - c. Frequently (weekly)
  - d. Daily
  - e. Other
8. If you drink, how many drinks would you say you drink on average within 24 hours?
  - a. \_\_\_\_\_
9. If you drink, what type of drinks do you normally consume?
  - a. Shots/straight alcohol
  - b. Mixed drinks
  - c. Margaritas
  - d. Beer
  - e. Other: \_\_\_\_\_
10. How many meals would you prefer daily?
  - a. 3
  - b. 4-5
  - c. 6
  - d. No Preference

11. On a scale of 1-5, how happy are you currently with your physical appearance? 1 representing not at all, 3 being content and 5 representing very pleased.

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5

12. On a scale of 1-5, how motivated are you to work out on average? 1 representing "not at all" 3 representing "moderately" and 5 representing "extremely motivated" .

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5

This concludes the New Client Questionnaire. I strongly believe that this background knowledge, along with my expertise, and your determination, we can achieve all that you set out to accomplish and more! This is the start of a new journey for you to challenge, learn, and introduce yourself to a healthier lifestyle. I will be guiding you every step of the way but ultimately it will be your work ethic and desire that will produce results. In this process my hopes are that you find that happiness and healthiness go hand in hand and that you already possess the tools needed to achieve both. I strongly believe this program will do much more than just produce physical results, but also help bring confidence, structure, and many other principles that can be applied to enhance your life. I truly appreciate you putting your trust in my hands and cannot wait to get started.

Welcome to the team,

-Coach Williams