

# Diet & Lifestyle Survey

*I am so excited to talk with you about how you can use functional nutrition can improve your health and help you realize your needs and goals. Please complete this form to help me better understand your ambitions, typical diet, lifestyle and preferences.*

*Remember — there is no such thing as “too much information” here. The honest information you provide will help me to better serve you!*

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## Tell Me About You

**Full Name**

**Age**

**Height**

**Current Body Weight**

**Do you want to see changes in your body weight or composition?**

Yes

No

**What are your health, lifestyle and dietary goals?**

**Have you ever followed a diet?**

Yes

No

Please list any diets you may have tried in the past.

[Empty text box for listing diets]

What do you hope to achieve through working with Fruition Nutrition?

[Empty text box for goals]

### Tell Me About Your Current Lifestyle

|   |     |    |
|---|-----|----|
| Do you exercise regularly?                | Yes | No |
| Do you smoke cigarettes?                  | Yes | No |
| Do you feel your current diet is healthy? | Yes | No |
| Do you have any digestive issues?         | Yes | No |
| Do you have a bowel movement every day?   | Yes | No |

Rate your average daily energy on a scale of 1 to 10

1      2      3      4      5      6      7      8      9      10

1 = Low Energy, 10 = High Energy

### Tell Me About Your Current Diet

How many times do you eat per day?

[Empty text box for eating frequency]

Describe your typical Breakfast.

[Empty text box for breakfast description]

**What time of the day do you eat Breakfast?**

**Describe your typical Lunch.**

**What time of the day do you eat Lunch?**

**Describe your typical Dinner.**

**What time of the day do you eat Dinner?**

**Describe your typical Snacks.**

**What times of the day do you eat Snacks?**

**How many meals per week do you eat out?**

- None
- 1 to 2
- 3 to 4
- 4 or more

**If you eat out, what is the most common meal you will eat out for?**

**Are there any foods you will not eat due to sensitivities, allergies, or religious reasons?**

**What are some of your favourite foods to eat?**

**Do you have regular cravings? (salt, sugar, chocolate, ice etc.)**

**Is there anything else about yourself that you would like to share with me that you think I should know?**