

# FUEL 90 NUTRITION

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

## Health and Wellness Questionnaire

### DEMOGRAPHIC DATA

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Sex: M F      Age: \_\_\_\_\_      Height: \_\_\_\_\_ ft \_\_\_\_\_ in      Weight: \_\_\_\_\_

### HEALTH HISTORY

1. Are there any medical condition(s) that you are currently under the care of a physician for?

2. Are you pregnant or trying to conceive? \_\_\_\_\_ Yes      \_\_\_\_\_ No

3. Do you have blood relatives with any of the following:

High blood pressure \_\_\_\_\_ Yes      \_\_\_\_\_ No

Diabetes \_\_\_\_\_ Yes      \_\_\_\_\_ No

Heart disease \_\_\_\_\_ Yes      \_\_\_\_\_ No

Osteoporosis \_\_\_\_\_ Yes      \_\_\_\_\_ No

High cholesterol \_\_\_\_\_ Yes      \_\_\_\_\_ No

Thyroid disorder \_\_\_\_\_ Yes      \_\_\_\_\_ No

4. Please list any medications that you take:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Please list any supplements that you take:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Do you use tobacco in any way? \_\_\_\_\_ Yes      \_\_\_\_\_ No      How much: \_\_\_\_\_

7. Do you exercise ? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, what kind of exercise: \_\_\_\_\_      Times per week: \_\_\_\_\_

8. List any food allergies or intolerances: \_\_\_\_\_

\_\_\_\_\_

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## NUTRITION HISTORY

1. Do you follow any specific dietary plan, such as vegetarian, vegan, paleo, low carb, gluten free, etc.?  
\_\_\_\_\_

2. Have you ever worked with a nutritionist in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No Explain: \_\_\_\_\_  
\_\_\_\_\_

3. Do you eat at regular times each day? \_\_\_\_\_ Yes \_\_\_\_\_ No How often: \_\_\_\_\_

4. Do you drink alcohol? \_\_\_\_\_ Yes \_\_\_\_\_ No How much and how often: \_\_\_\_\_

5. What are your health goals?

\_\_\_\_\_ Weight loss or weight mgmt

\_\_\_\_\_ Improve my activity level

\_\_\_\_\_ Improve my eating habits

\_\_\_\_\_ Improve my cholesterol levels

\_\_\_\_\_ Learn how to cook healthy meals

\_\_\_\_\_ Learn how to be a savvy grocery shopper

Other \_\_\_\_\_

6. Please add any additional information you feel may be relevant to understanding your nutritional health:  
\_\_\_\_\_

## SOCIOECONOMIC HISTORY

1. What is your occupation? \_\_\_\_\_

2. Present relationship status:

Single    In a relationship    Married    Divorced    Widowed    Separated

3. How many people in your household? \_\_\_\_\_ Ages: \_\_\_\_\_

4. Who prepares most of the meals in your home? \_\_\_\_\_

Who grocery shops? \_\_\_\_\_

5. How often do you eat out? \_\_\_\_\_

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## HEALTHY LIFESTYLE INTERESTS

What topics are you most interested in learning from me?

\_\_\_\_\_ Weight management tools

\_\_\_\_\_ Portion size guidance

\_\_\_\_\_ Snack food ideas

\_\_\_\_\_ Meal planning

\_\_\_\_\_ Food label knowledge

\_\_\_\_\_ Healthy recipe development

\_\_\_\_\_ Eating out tips

\_\_\_\_\_ Alcohol boundaries

\_\_\_\_\_ Travel tips

\_\_\_\_\_ Supermarket shopping tour

\_\_\_\_\_ Kitchen organization

\_\_\_\_\_ Exercise guidance

Other: \_\_\_\_\_

*Thank you for your willingness to share this information and to take part in my practice.  
I look forward to working with you and making healthy lifestyle changes!*