

Women's Nutrition Questionnaire

Complete this form to help build a realistic, effective nutrition strategy tailored to your goals.

Basic Information

Name	
Age	
Height	
Current Weight	
Goal Weight	
Occupation / Daily Activity Level	

Goals

Primary goal (fat loss / muscle gain / maintenance / health)	
Desired timeline	
Biggest nutrition challenge currently	
How committed are you right now? (1-10)	

Current Eating Habits

How many meals per day do you eat?	
Typical breakfast / lunch / dinner	
Do you snack often?	
How often do you eat out weekly?	
Do you track calories/macros currently?	

Food Preferences

Foods you enjoy regularly	
Foods you dislike	
Favorite protein sources	
Favorite carb sources	
Favorite healthy fats	

Restrictions & Health

Food allergies or intolerances	
Digestive issues / bloating	
Medical conditions affecting nutrition	
Medications that affect appetite or weight	

Lifestyle & Routine

Wake up time / sleep time	
Work schedule	
Stress level (1-10)	
Water intake daily	
Alcohol intake weekly	

Planning & Compliance

Can you meal prep? (yes/no)	
Preferred simple meals or variety?	
How many days can you be consistent weekly?	

Women Specific

Pregnant / postpartum currently?	
Cycle-related cravings or symptoms?	
Main physique goals (fat loss / tone / glutes / health)	