**Client Questionnaire**

**Name:**

**Address:**

**Email:**

**Cell:**

**DOB:**

1. What weight loss/exercise programs have you tried in the past?
* What successes have you had?
* What caused you to stop?
1. What are your goals/What are you hoping to achieve through this program?
2. What is your motivation for wanting to achieve these goals?
3. What obstacles do you feel you are facing in this journey?
4. Are you currently taking any medications or do you have any health conditions?
5. Do you have any physical limitations or injuries (past or present)?
6. Do you have any food allergies/sensitivities?
7. What foods do you dislike?
8. Which statement best describes the way you feel about nutrition?
9. I don’t know which foods are healthy for me and which ones aren’t.
10. I know which foods are healthy but I don’t know how much to eat or when to eat them.
11. I know what to eat and how much to eat but struggle to find motivation to stick with it.
12. What equipment do you have (if any)?