



Client Meal Plan Questionnaire

Please complete this form to help us create a personalized meal plan aligned with your goals.

1. Personal Information

- Full Name: _____
- Age: _____
- Gender: _____
- Email Address: _____
- Phone Number: _____
- Occupation: _____

2. Goals & Timeline

- Current weight: _____ lbs/kg
 - Goal weight: _____ lbs/kg
 - Target date to reach your goal: _____
 - Are you aiming to:
☐ Lose weight ☐ Gain weight ☐ Maintain weight
-

3. Lifestyle & Activity Level

- **Daily activity level (check one):**
☐ Sedentary ☐ Lightly active ☐ Moderately active
☐ Very active ☐ Extra active
 - **Average hours of sleep per night:** _____ hours
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4. Medical History & Health

- **Medical conditions or health issues:**
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- **Medications or supplements (name & purpose):**
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- **Food allergies or intolerances:**
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- **Previous meal plans/nutrition efforts (successes or challenges):**
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5. Dietary Preferences

- **Current dietary style (check all that apply):**
☐ Omnivore ☐ Vegetarian ☐ Vegan ☐ Pescatarian
☐ Keto ☐ Paleo ☐ Low-carb ☐ Other: _____
 - **Religious or cultural dietary restrictions (if any):**
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- **Foods you dislike or avoid:**
-

- Foods you enjoy or prefer to include:

6. Eating Habits

- Typical number of meals per day: _____
- How often do you snack per day/week? _____
- How often do you eat out (per week)? _____ times/week
- How often do you cook at home (per week)? _____ times/week
- Daily water intake: _____ liters or cups

7. Mindset & Motivation

- What motivates you to reach your weight goal?
- Past challenges when trying to reach your goals:

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- Commitment level (1–10): _____
 - Time available for meal prep per week: _____

8. Additional Notes

- Other information you'd like to share: