

THE NATURE OF WELLNESS
“HEALING - NATURES WAY”
Nutrition Questionnaire

Ann Hallewell CNHP

Name: _____ **Date:** _____

Answer the following and return to me before our first appointment. Please answer honestly; there is no judgments to be made here. This exercise allows me to plan a program that will work for you and empower you to be successful with your goals to work towards a healthy new lifestyle. Feel free to use a separate sheet if necessary.

1. What time do you get up?
2. What time do you go to bed
3. What is the first thing you eat/drink upon rising?
4. What is the last thing you eat/drink before retiring?

At what times: Rising _____ / Retiring _____

5. What do you eat for (please include approximate amounts):

Breakfast: _____ Time?

Lunch: _____ Time?

Dinner: _____ Time?

Snacks: _____ Time?

6. What activities are you involved in each time you eat?
7. Where are you when you are eating? Who are you with?
8. What do you feel and think about when you are eating?
9. What does your typical daily routine like?
10. Do you smoke?
11. Do you drink alcohol if so how much and how often?
13. List foods in categories of:

Really like

Will **not** eat

Will eat but would rather not

14. What are your hobbies?

15. What are your interests?

16. What is the one thing that you really like about yourself?

17. What is the one thing that you really don't like about yourself?

8. What is it that you would like to change, if anything about yourself?

19. What are your goals?

20. What are you passionate about?

21. What are your expectations of our sessions together?

22. Do you like to cook?

23. Do you have time to cook?

24. Are you willing to prepare and cook?

25. Would you rather have it prepared for you?

26. Do you need a planned menu to follow?

27. Would you rather plan your own menus from a suggested list?
28. Are you involved in any exercise programs?
29. If so what do you do?
30. How do you relax and de - stress?
31. Are you taking any dietary supplements? (If so please bring them with You when you come).
32. In your own opinion how would you rate your current health?
33. How do you feel about food?

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