



Please complete as much of the following forms as possible to help me identify how best I can help you. You are required to complete the forms before you can begin implementing any changes to your nutrition or activity levels. All information will be treated with the strictest confidence.

NAME:

EMAIL:

MOBILE:

HOUSE NAME/NUMBER:  STREET:

TOWN/CITY:  COUNTY:

POSTCODE:

D.O.B.  /  /  AGE:  GENDER:

HEIGHT:  Ft  In /  m. WEIGHT:  Kg /  Lbs.

WAIST CIRCUMFERENCE (Measure approx. 2 inches above the belly button)  cm /  inches.

ETHNICITY:

## Health Questionnaire

Please select YES or NO in the boxes:

Do you suffer from any of the following?	YES / NO
Heart disease or another heart condition	<input type="text"/>
Raised blood pressure	<input type="text"/>
Raised cholesterol levels	<input type="text"/>
Diabetes, Type I or II	<input type="text"/>
Gastrointestinal problems	<input type="text"/>
Food allergies or intolerances	<input type="text"/>
Joint problems	<input type="text"/>
Chest pain or dizziness when exercising	<input type="text"/>
Any other medical condition not listed?	<input type="text"/>
Are you currently pregnant or breastfeeding?	<input type="text"/>
Are you perimenopausal, menopausal or postmenopausal?	<input type="text"/>
Are you currently taking medication of any sort?	<input type="text"/>
Do you smoke?	<input type="text"/>

If you have answered Yes to any of the above questions, please provide further details in the space below. You may be required to see your GP before we can begin to work together.

## Lifestyle Questionnaire

1. What is your occupation?

2. How would you describe your current level of activity at work?  
(Please select one of the following with an **X**)

<b>Light</b> e.g. professional and technical workers: administrative and managerial: sales representatives; clerical and related workers; housewives/husbands; unemployed	<div></div>
<b>Moderately active</b> e.g. sales workers; service workers; domestic helpers; students; transport workers; some construction workers e.g. joiners, roofing workers	<div></div>
<b>Heavy</b> e.g. equipment operators; labourers; agricultural, e.g. animal husbandry, forestry and fishing; some construction workers e.g. bricklayers, masons	<div></div>

3. What activities do you do in your leisure time?

4. How would you describe your diet? (Please select with an X the appropriate box)

Lacto Ovo Vegetarian (no meat or fish)

Lacto Vegetarian (no meat, fish or eggs)

Ovo Vegetarian (no Meat ,fish or milk)

Flexitarian (no restrictions)

Omnivore (no restrictions)

Pescatarian (no meat)

Vegan (no meat, fish, eggs or milk)

5. Do you currently take any vitamins or mineral supplement, performance enhancers or protein powders, bars or shakes?

6. If yes, please name the product, quantity and frequency.

7. What are your current nutrition goals?

(Please select with an **X** next to as many as there are appropriate)

To gain weight

To decrease weight

To decrease body measurements

To achieve a healthy diet

To improve sports performance and recovery

Other (Please specify)

8. What reasons do you have for wanting to achieve these goals?

9. When do you want to achieve these goals by?

10. How motivated are you to achieve these goals? Please enter the number below.

Not at all 1 2 3 4 5 6 7 8 9 10 Extremely. Number:

11. Have you tried to achieve these goals in the past?

If Yes, what success did you have?

If No, why try now?

12. Can you think of any situation/people that may prevent you from achieving you goals?

(Indicate what/who they are)

13. Do family, friends and/or colleagues support you in this?

## Exercise and Physical Activity

1. Describe your exercise and activity history in the last 2 years

Frequency	<input type="text"/>
Intensity	<input type="text"/>
Time	<input type="text"/>
Type	<input type="text"/>

2. Describe your current exercise and activity levels

Frequency	<input type="text"/>
Intensity	<input type="text"/>
Time	<input type="text"/>
Type	<input type="text"/>

3. Do you have any particular equipment or exercise likes or dislikes?

<input type="text"/>
<input type="text"/>

3. How many days a week do you have available to take part in exercise/physical activity?

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Afternoon	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Evening	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Do you use a fitness tracker?

<input type="text"/>
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If Yes which brand?

5. Have you used a food log app?

<input type="text"/>
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If Yes which one.

## Nutrition

1. Number of cups of tea and coffee per day
2. Number of portions of fruit and vegetables per day
3. Number of snacks per day and typical examples (e.g. 1 snack apple)
4. How much water do you drink per day?
5. How much alcohol do you drink on average per week and what size.  
(e.g. 2x175ml red wine/ 2x pint of beer 1x single whisky)
6. How often per week do you consume the following:  
Ready meals   
Takeaway meals   
Restaurant/café meals   
Puddings and desserts   
Where do you buy food and how often?   
How frequently do you diet to lose weight?  
Please provide details of any diets you  
have tried (e.g. Weightwatchers, Atkins).   
Who in your household does the majority of the cooking?   
Describe what you think a healthy diet consists of?   
Would you prefer to follow a daily meal plan?   
Would you prefer a list of foods to choose from to consume each week?   
Are there any foods that you dislike?

## Lifestyle

1. Do you suffer from stress?
2. How do you deal with stress?
3. How many hours sleep do you usually have?
4. What quality of sleep do you usually have?
5. How do you relax?
6. Do you smoke and if so do you wish to give up?
7. How much time do you spend driving on a daily/weekly basis?
8. How much time do you spend sat down each day?

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Signature:

Date:

Thank you please save and return your completed form to **sarah@eatbetteruk.com**