



## NEW CLIENT QUESTIONNAIRE

Please provide some background to help make our time together as “fruitful” as possible ;-)

Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Usual Weight \_\_\_\_\_ Goal Weight \_\_\_\_\_

Reason(s) for visit (choose all goals that apply):

Lose Weight / BMI

Increase Energy

Feel Healthier

Avoid Disease

Help Family be Healthy

Be a Role Model

Increase Strength

Increase Endurance

Recover Faster

Just “Plant Curious”

Other: \_\_\_\_\_

How would you describe your **current eating style**?

\_\_\_\_\_

Have you tried **other eating styles** (or programs) in the past? If so, what were the results?

\_\_\_\_\_

\_\_\_\_\_

Do you have any food **allergies**? \_\_\_\_\_

Do you have any food **intolerances** or **strong dislikes**? \_\_\_\_\_

What **vitamins or supplements** do you take? \_\_\_\_\_

\_\_\_\_\_

How would you describe your **exercise** habits?

I exercise:  0-2 times/week

3-4 times/week

5-7 times/week

Usually for:  0-30 min/session

45-60 min/session

60+ min/session

I enjoy my exercise routine and stick to it  I want to improve my exercise habits but things get in the way

I don't like to exercise  I have physical conditions that limit my exercise: \_\_\_\_\_

## NEW CLIENT QUESTIONNAIRE (continued)

How would you describe your **eating** habits?

Do you eat? \_\_\_ breakfast \_\_\_ am snack \_\_\_ lunch \_\_\_ pm snack \_\_\_ dinner \_\_\_ night snack

What are some typical meals? \_\_\_\_\_

What are your snacks? \_\_\_\_\_

What do you usually drink each day? \_\_\_\_\_

How often do you eat out (restaurant or fast food)? \_\_\_ day(s)/ week --or-- \_\_\_ day(s)/month

Who does the shopping? \_\_\_\_\_ Who does the cooking? \_\_\_\_\_

Do you ever **eat for other reasons** than hunger? (check all that apply)

\_\_\_ relaxing/reward \_\_\_ upset \_\_\_ boredom \_\_\_ social custom

\_\_\_ stress/anxiety \_\_\_ tired \_\_\_ other: \_\_\_\_\_

Favorite **cuisines**:

\_\_\_ American \_\_\_ Chinese \_\_\_ Thai \_\_\_ Japanese \_\_\_ Korean

\_\_\_ Italian \_\_\_ Mexican \_\_\_ Indian \_\_\_ Greek \_\_\_ French

\_\_\_ Middle Eastern \_\_\_ Ethiopian \_\_\_ Other: \_\_\_\_\_

What is your **spice level** preference? \_\_\_ mild \_\_\_ medium \_\_\_ hot \_\_\_ very hot

**Where** do you get your food? (check all that apply)

\_\_\_ Grocery Store \_\_\_ Warehouse (Sam's Club / Costco) \_\_\_ Gas Station / Convenience Store

\_\_\_ Home Grown \_\_\_ Mail order (e.g. Misfits Market) \_\_\_ Farmer's Market

\_\_\_ Instacart \_\_\_ Amazon

Do you have **access** to any of the following? (check all that apply)

\_\_\_ Netflix \_\_\_ YouTube \_\_\_ Amazon Prime Video

\_\_\_ Blender \_\_\_ Instant Pot \_\_\_ Air Fryer \_\_\_ Juicer