



LIFESTYLE QUESTIONNAIRE

Health Goals

1. Describe your major health, nutrition, and/or fitness goals:

2. What are the two to three biggest barriers to achieving these goals?

1. _____
2. _____
3. _____

3. What are the two to three greatest strengths that will help you to achieve these goals?

1. _____
2. _____
3. _____

4. Please check the box that best describes how ready you are to make changes to your lifestyle to achieve these goals

- | | |
|----------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Do not believe I need to change | <input type="checkbox"/> Would like to change, but don't think that I can |
| <input type="checkbox"/> Will make changes soon | <input type="checkbox"/> Recently started to make changes (past 6 months) |
| <input type="checkbox"/> Would like to intensify changes | <input type="checkbox"/> Made changes, but relapsed |

5. On a scale of 1-10, how important is this change to you? _____

6. On a scale of 1-10, how confident are you that you will achieve this change? _____

Health Information

7. How would you describe your health?

- Excellent Good Fair Poor

8. When was the last time you visited your physician? _____

Nutrition History

9. Have you ever followed a modified diet to manage a health condition?

- Yes No

If yes, please describe: _____

10. Do you follow a specialized diet (low carb, gluten-free, vegan, etc.)

- Yes No

If yes, please describe the diet and reasons for following:

Who purchases and prepares your food? _____

Other

Please provide any other notes regarding your health goals:

Physical Activity

11. Are you currently physically active?

- Yes No

If yes, please describe:

_____ minutes of cardiovascular activity, _____ times per week
_____ minutes of strength or resistance training, _____ times per week
_____ minutes of flexibility training, _____ times per week

12. Please list your favorite physical activities:

Weight History

13. What would you like to do with your weight?

- lose maintain gain

14. What was your lowest weight in the past five years? _____
Your highest? _____

15. What is your current weight? _____
What is your height? _____

Thank you for filling out the Lifestyle Questionnaire. Please save a completed copy for your personal use. You can use this copy to compare your progress with a questionnaire on the final day of the program.