

Nutritional Questionnaire

Date: _____

This is Confidential Information

Name _____

Address _____ City _____ Zip _____

Phone _____ Ht. _____ Wt. _____ M F (please circle)

Birth Date _____ Usual Weight _____ Goal Weight _____

E-Mail _____ Impedance _____ (We will measure metabolic rate.)

Are you interested in a Complimentary Nutritional Consultation? _____

Are you interested in learning more about a nutrition-counseling program? _____

Have you ever participated in a nutrition counseling program that is based on real food and long term lifestyle changes? (not commercialized weight loss programs or a personal trainer) _____

Most Important Reason(s) For Considering Nutrition Counseling (start with most important) _____

What Nutritional Programs or Diets Have You Tried In The Past? (If any) _____

ANSWER 1 to 10. 1 = LOW IMPORTANT 5 = MEDIUM IMPORTANT 10 = VERY IMPORTANT

Is nutrition counseling for cancer, heart disease, and disease prevention important? _____

Is nutrition counseling for weight management (reduce body fat & increase muscle) important? _____

Is nutrition counseling for weight gain (lean mass increase) important? _____

Is nutrition counseling to have more energy and better workouts? _____

How many pounds weight loss or gain would you prefer each week or month (please circle) ? _____ lbs