

Activity & Nutritional Questionnaire

Name:				Age:	
Current weight:	lbs.	Healthy weight goal:	lbs.		

Bio Markers

Total Cholesterol:		BP:		A1C:		BMI:	
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Nutritional Information

Describe your diet in one sentence:			
How many times per week are your meals home-cooked?		How many times per week do you eat at restaurants or take out?	
Are there any foods you just don't like?			What is your favorite food?

What did you eat yesterday?

Breakfast:	Lunch:	Dinner:
Anything else? (non-water drinks, candy, all snacks)		
How much water do you drink per day?		(glasses/oz)

Activity Information

How would you describe your activity level?	Which type of activities do you enjoy?
If you participate in a fitness program, describe your activities, sessions per week, minutes per session, and level of exertion:	
If you can no longer enjoy the activity, which activities did you enjoy when you could move better?	