



Lifestyle Questionnaire

Health Goals

1. What are your one-month, one-year, and five-year health, nutrition, and/or fitness goals:

2. What are the two 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 circle the words that best describes how ready you are to permanently commit to your lifestyle change.

- a. Do not believe I need to commit
- b. Will commit soon
- c. Would like to intensify commitment
- d. Recently started to commit (past 6 months)
- e. Made commitment, 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? Please circle one.

- a. Excellent
- b. Good
- c. Fair
- d. 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

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

Yes No

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

Who purchases and prepares your food? _____

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?

- a. Lose
- b. Maintain
- c. Gain

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

15. What is your current weight? _____



Lifestyle Change Questions

16. On a scale of 1 to 10 how useful was this program in helping you to make a lifestyle change?

(1=not useful, 5=average, 10=extremely useful) _____

17. Would you recommend this program to a colleague?

Yes

No

18. What did you like best about this program?

19. How can we improve?