



Nutrition Assessment Questionnaire

This brief questionnaire is designed to help me understand your current nutrition habits, preferences, and goals. Your responses will guide me in providing you the support best suited for your specific needs and objectives.

Client Information:

Name:

Age:

Gender:

Occupation:

Contact Information (Phone/Email):

Current Nutrition Habits:

1. Describe your typical daily meals and snacks:

Breakfast:

Lunch:

Dinner:

Snacks:

Beverages:

2. How often do you eat out or order takeout?

Daily

A few times a week

Weekly

Rarely

3. Do you follow any specific diet or eating pattern? (e.g., vegetarian, vegan, keto, intermittent fasting)

Yes, please specify:

No

4. What are your food preferences?

Favorite Foods:

Foods You Dislike:

5. Do you have any dietary restrictions or allergies?

Yes, please specify:

No

6. Do you take any supplements or vitamins?

Yes, please specify:

No

Health and Lifestyle:

1. What is your current weight?

_____ lbs

2. What is your goal weight?

_____ lbs

3. Do you have any medical conditions or health concerns that affect your diet?

Yes, please specify:

No

4. How would you describe your current physical activity level?

Sedentary (little or no exercise)

Lightly active (light exercise/sports 1-3 days/week)

Moderately active (moderate exercise/sports 3-5 days/week)

Very active (hard exercise/sports 6-7 days a week)

Super active (very hard exercise/physical job)

5. How many hours of sleep do you typically get each night?

Less than 5 hours

5-6 hours

6-7 hours

7-8 hours

More than 8 hours

Goals and Motivations:

1. What are your primary nutrition goals? (Select all that apply)

Weight loss

Weight gain

Improve overall health

Increase energy levels

Improve athletic performance

Manage a medical condition

Other, please specify:

2. What motivates you to achieve these goals?

Personal health

Family or loved ones

Professional or athletic performance

Appearance or confidence

Other, please specify:

3. Have you tried any nutrition programs or diets in the past? What worked and what didn't?

4. What challenges do you face in maintaining a healthy diet?

Lack of time

Lack of knowledge

Cravings or emotional eating

Social situations

Budget constraints

Other, please specify:

Additional Information:

1. Is there anything else you would like me to know about your nutrition habits or goals?

2. What are your expectations from working with a nutrition coach?

Thank you for providing this information! It will help me create a coaching experience tailored to your needs and goals. I look forward to supporting and coaching you to meet your aspirations!