



Nutrition Questionnaire

Please answer the following questions. Your answers will be kept confidential and the report and menu plan that is created from your responses will be returned to you only and not shared.

Name? _____

Age? _____ Weight? _____

Gender? Male _____ Female _____

Percent body fat? _____% (If unknown, just leave it blank)

Activity level? _____ sedentary
_____ *consistently* exercise 1-4 days per week
_____ *consistently* exercise 5+ days per week

Weight goals? _____ would like to maintain current weight
_____ would like to gain weight
_____ would like to lose 1-8 pounds
_____ would like to lose 9-17 pounds
_____ would like to lose 18+ pounds

Please list 3 (healthy) favorite breakfast foods
(e.g. cereal, toast with butter, eggs) _____

Please list 3 (healthy) favorite lunch foods
(e.g. sandwiches, chicken and rice, salad) _____

Please list 3 (healthy) favorite dinner foods
(e.g. fish, chicken, rice, potatoes) _____

Please list 3 vegetables you'll eat _____

Please list 3 fruits you'll eat _____

Is there anything about your diet you think we should know before creating a personalized menu plan? If so, please explain below.
