



# NUTRITIONAL COACHING

## PERSONAL INFO PLEASE PRINT CLEARLY

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Preferred contact  EMAIL  PHONE  TEXT  VIDEO CHAT  OTHER (please specify) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

## TELL ME MORE ABOUT YOURSELF

By learning more about your lifestyle and your habits, I can take better care of you and make sure coaching is a good fit for your goals and individual needs.

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Current Body Weight \_\_\_\_\_ Height \_\_\_\_\_ Body Fat % \_\_\_\_\_

Desired Weight \_\_\_\_\_

## WHAT DO YOU WANT? CHECK ALL THAT APPLY

In general, what are your goals?

Lose weight/fat

Have more energy and vitality

Physique competition/modeling

Gain weight

Get control of eating habits

Improve athletic performance/athlete

Maintain muscle

Get stronger

Please list all of your concerns about your health, eating habits, fitness and/or body. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Out of all the above concerns which ones feel the most important/urgent?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## WHAT DO YOU EXPECT?

What do you expect from me as your coach? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are you prepared to do to work towards your goals? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## WHAT DO YOU WANT TO CHANGE?

Have you tried anything in the past to change your habits, your health, your eating and/or your body?  Yes  No

If so, what? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which of those things went well for you? (Even if you might not be doing it now) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which of those things didn't work well for you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How, specifically, would you like your habits, your health, your eating and/or your body to be different? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you already made changes to your habits, your health, your eating and/or your body recently?  Yes  No

If so, what? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you were to consider making further changes to your habits, your health, your eating and or your body, what might those be? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Until now, what has blocked you or held you back from changing these things? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Right now, how would you rank your overall eating/nutrition habits?

**HORRIBLE**  1  2  3  4  5 **AWESOME**

Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you regularly active in sports and/or exercise?  Yes  No

If so approximately how many hours per week?  Fewer than 5 hours  5-9  10-14  15-19  20 or more

What types of sports and/or exercise do you typically do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximately how many hours a week do you do other types of physical activity? (e.g. housework, walking to work or school, home repairs, moving around at work, gardening)  Fewer than 5 hours  5-9  10-14  15-19  20 or more

What other types of movement and/ or activities do you do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT'S AROUND YOU?** CHECK ALL THAT APPLY

Who lives with you?

- Spouse or partner       Roommate       Children       Pets       Other family

Do you have children? If yes how many and what are their ages? \_\_\_\_\_

Who does most of the grocery shopping in your household? *Check all that apply.*

- Spouse or partner       Roommate       Children       Pets       Other family

Who does most of the cooking in your household? *Check all that apply.*

- Spouse or partner       Roommate       Children       Pets       Other family

Who decides on most of the menus/ meal types in your household? *Check all that apply.*

- Spouse or partner       Roommate       Children       Pets       Other family

Right now, how much do the people and things around you support health, fitness and/or behavior change?

**NOT AT ALL** ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **COMPLETELY**

**WHAT'S YOUR HEALTH LIKE?**

Have you been diagnosed (currently or in the past) with any significant medical conditions and/or injuries? ○ Yes ○ No

Right now, do you have any specific health concerns, such as illnesses, pain and/or injuries? ○ Yes ○ No

Right now, are you taking any medications, either over the counter or prescription? ○ Yes ○ No

On a scale of 1-5, how would you rank your health right now?

**WORST** ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **AWESOME**

Why? \_\_\_\_\_

**HOW ARE YOU SPENDING YOUR TIME?**

In an average week, how many hours do you spend?

In paid employment? \_\_\_\_\_ Taking care of others \_\_\_\_\_ At school or doing schoolwork? \_\_\_\_\_ Volunteering? \_\_\_\_\_

Doing unpaid work? (housework, errands) \_\_\_\_\_ Traveling and/or commuting? \_\_\_\_\_

Adding up all these things, how many hours total per week do you spend doing these activities? \_\_\_\_\_

On a scale of 1-5, how do you feel about your schedule, time use and overall busyness?

**PANICKED & INSANE** ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **CALM & RELAXED**

**HOW IS YOUR STRESS AND RECOVERY?**

Think about all the activities you're involved in (e.g. work, school, care giving, housework, travel). Then assess as best you can:

Given all the demands of your life, what is your typical stress level on an average day?

**NO STRESS** ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **EXTREME STRESS**

On average, how many hours per night do you sleep?

○ 4 or fewer hours    ○ 5 hours    ○ 6 hours    ○ 7 hours    ○ 8 hours    ○ 9 hours    ○ 10 or more hours



## FOOD AND HEALTH

Do you have any known/ diagnosed food allergies or intolerances? If yes, what are those? \_\_\_\_\_

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Do you have any suspected or possible food allergies or intolerances? If yes, what are those? \_\_\_\_\_

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How often do you have a bowel movement?

More than 3 times daily  2-3 times daily  1-2 times daily  Once every 2-3 days  A few times per week  Weekly or less

Do you have any digestive complaints right now? If yes what are those? \_\_\_\_\_

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## HUNGER CUES AND APPETITE

On a scale of 1-5, how would you describe your normal appetite/ hunger? **NEVER HUNGRY**  1  2  3  4  5 **ALWAYS STARVING**

Do you feel like you have trouble controlling your appetite/hunger?

Yes, I feel like I always want food, or eating runs my life  Sometimes, it depends  No

Do you normally struggle with food cravings?

Yes, Often  Sometimes, it depends  No, rarely

If yes or sometime, what do you normally crave? \_\_\_\_\_

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What do you normally do when you have cravings? \_\_\_\_\_

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Have you ever noticed any connection between your emotions and your eating habits? If yes, what happens? (e.g. when I'm feeling sad I use food to comfort myself when I'm happy I notice I have fewer cravings ) \_\_\_\_\_

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Have you ever noticed any connection between stress and your eating habits? If yes, what happens? (e.g. When I'm stressed I eat more/less) \_\_\_\_\_

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How often do you think about food and eating (or avoiding eating)?

Almost always  Often  Sometimes  Rarely  Never

If you think about food and eating more than "sometimes", what in particular do you think about? \_\_\_\_\_

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How often do you eat to the point of being full or stuffed?

Almost constantly  Often  Sometimes  Rarely  Never

If you feel you have eaten too much, what do you think about afterwards? *Check all that apply.*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Try to eat less at subsequent meals | <input type="checkbox"/> Feel bad                             | <input type="checkbox"/> Forget about it and go back to normal eating   |
| <input type="checkbox"/> Skip the following meals            | <input type="checkbox"/> Try to get back in control of things | <input type="checkbox"/> Keep eating....what the heck I already blew it |
| <input type="checkbox"/> Try to exercise to burn it off      | <input type="checkbox"/> Purge by vomiting and or/laxatives   | <input type="checkbox"/> Other: _____                                   |

How often do you skip meals or purposely go along time without eating?

- Almost always  Often  Sometimes  Rarely  Never

### DAILY HABITS AND ENVIRONMENT

How often do you normally make meals at home?

- 0 meals a day  1-2 meals a day  3-4 meals a day  All meals prepared at home

How often do you normally eat meals in restaurants/cafeterias?

- 0 meals a week  1-2 meals a week  3-4 meals a week  5 or more meals eaten in restaurants/ cafeterias

How often do you shop for food?

- More than daily  Daily  Every other day  A few times a week  Once a week  Less than once a week  
 I never shop for food, it magically appears in my house

On a scale of 1-5, how would you rank your food preparation and cooking skills right now?

- TERRIBLE/NONEXISTENT**  1  2  3  4  5 **EXPERT CHEF**

Do you like cooking?

- Yes  Sometimes if I have the time/energy  No

If no, what do you NOT like? \_\_\_\_\_

\_\_\_\_\_

If yes or sometimes, what do you enjoy about it? \_\_\_\_\_

\_\_\_\_\_

### GOALS AND PRIORITIES

Thinking about all that you have written down, what do you think your main goals are? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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