



NUTRITION QUESTIONNAIRE

In order to make your diet as tailored to your needs as possible, I first need to know a few things about your current eating habits. This will help me to make your diet palatable, healthy and most of all, effective. Please fill in the form below to the best of your ability.

Full Name:.....

Sex: Male/ Female (circle as appropriate)

Telephone Number:.....

E-mail address:.....

Age:.....

Weight:.....

Please list 1-3 goals that you want to achieve with your diet. Make these goals S.M.A.R.T (Specific. Measurable. Attainable. Realistic. Timed). For example: I want to lose 14lbs of body-fat within the next four months.

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CURRENT DIET

Day and meal time	What did this meal consist of? Amounts in grams if possible. Include everything. Two to three days of eating, if possible.

Does this amount of food allow you to MAINTAIN, GAIN or LOSE weight? Delete as appropriate. Please detail how many pounds gain/loss in a week here.....

If you have any details of bodypart measurement changes or body-fat testing results, please detail them here.....
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Food Type	Please underline/ highlight/ circle any food in this group which you like. Try for at least five in protein and carbs and at least three in fat. If you could rank them from 1 (best) to 5 (5th best) in order of how much you like them, this would be helpful.
Protein dense foods	Chicken Turkey Eggs Cod Haddock Basa Tuna tinned Tuna Steaks Salmon Steak Steak Mince Cottage Cheese Protein drinks Pork Steaks Greek Yoghurt Beans (specify.....) Other.....
Carbohydrate dense foods (inc. fibrous vegetables)	Oats Brown Rice Basmati Rice Sweet Potato Baked Potato Quinoa Cous Cous Butternut Squash Muesli Pasta Wholemeal Bread Honey Weetabix Oatibix Shredded Wheat Granola Rivita (or similar.....) Rice Cakes (or similar.....) Bananas Apples Oranges Pineapple (tinned) Pineapple (fresh) Blueberries Strawberries Raspberries Raisins Melon Grapes Pears Broccoli Spinach Kale Green Beans Cabbage Lettuce Sprouts Pak Choi Other.....
Fat Dense Foods	Whole Eggs Macadamia Nuts Cashews Brazil Nuts Hazelnuts Almonds Walnuts Cashew Butter Almond Butter Peanut Butter Olives Olive Oil Cheese (specify type.....) Other Oils (please name.....) Avocado Other.....
Sweets/ Chocolate/ Desserts etc.	Please list a few of your favorites here.....

Do you have any food allergies, diseases or intolerances? For example: IBS, Celiac disease etc. Or you may find you are allergic to one, or a group of foods. Name any food which you feel you don't digest properly or which causes you discomfort.