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Quick Fix Nutritional Questionnaire

Name _____ Date _____

Age _____ Sex _____ Ideal Weight _____ Goal Weight _____

Height _____ Weight _____ BMI _____ % Body Fat _____

Resting Heart Rate _____ Target Heart Rate _____

Do you have any medical problems you want to tell us about?

What weight loss programs have you tried?

If yes, did you lose weight and body fat on the program?

What forms of exercise to you do?

Do you cook?

Would you like nutritional tips and information on how to better your health?

Do you eat out?

If yes, how many meals per week?

How many meals and snacks do you eat each day?

How much water do you drink each day?

Do drink alcohol? Please circle one. never daily weekly socially

Do you drink coffee or tea? How many cups per day?

Do you eat breakfast daily?

Please list an example of what you ate and drank yesterday in the following space. TELL US EVERYTHING!

Breakfast

Lunch

Dinner

Snacks

Beverages