Positive NUTRITION

CLIENT QUESTIONNAIRE

Client Details	
Name:	
Address:	
Occupation:	
Contact Details:	Ph: email:
Physical Details:	Weight (kg) Height (cm) DOB: Gender:

General Dietary Habits	
How many glasses of water per day?	
Do you drink alcohol? Yes/No Standard drinks per week?	
Are you happy with your relationship with alcohol?	
Do you regularly drink tea or coffee? How much of each?	

Do you ever skip meals? Which meals and why?	
Do you feel you have a bad relationship with food? if yes details.	
Do you smoke or have you previously? Provide frequency or cessation date.	
Please list any foods you particularly like or dislike	
Besides allergies or intolerances, do you have any other dietary restrictions?	
Do you regularly suffer from cravings? Give details & triggers.	
Are you currently taking supplements or vitamins? Please list & provide dosages or a picture.	
How often do you have a bowel movement? tick	____more than 3 per day ____ 2-3 per day ____ 1 per day ____every 2 days _____a few times per week ______ weekly
Have you tried any diets in the past? Yes/No Please list the types of diets and why you stopped.	
On a scale of 1-10 how hard did you find the diet, and why?	
Do you experience any of the following? Tick all relevant answers	___bloating ___constipation ___diarrhea ___gas ___Nausea ___stomach pain ___other ____________________________

What does a typical day of eating look like for you? List the food and drinks approximate quantity and times.

BREAKFAST	**LUNCH**
DINNER	**SNACKS**
What would you like to change about your nutrition?	

Health Goals & Motives	
List your top 3 priorities in life.	1. 2. 3.
What are your current health-related goals? How long do you think it will take to achieve that?	
In what ways do you think your diet is negatively affecting your health? (if any)	
What is your greatest motivation to become healthier?	
What do you think would have to change in your lifestyle or diet for you to achieve your goals?	
What do you think are the biggest challenges to achieving your goals? Tick and explain where possible	___ Knowledge ___ Willpower ___ Time ___ Support ___ Finances ___ Boredom ___ Energy ___ Stress ___ Health issues
How confident are you that you can reach your health goals?	
How can I help increase your confidence? ie: recipes, tips, support, regular consults etc	
Are you looking for a full meal plan or adjustments to your current lifestyle?	
What are you hoping to achieve today?	
Are there any other obstacles I should know about?	

Other Lifestyle Factors	
What role does movement have in your life?	1.Sports 2.Physical Play 3.Walking 4.
Is your work physically demanding?	
What hours do you work & commute each day?	
What hobbies do you have?	
What is the level of stress in your life? 1=Little 5=Alot	___ 1 ___ 2 ___ 3 ___ 4 ___ 5
How do you manage stress?	
Who do you live with? (ie: family, friends etc)	
Who does most of the cooking at home?	
Are your friends & family supportive of your goal?	
How frequently do you consume takeaway or eat at restaurants? Please provide details.	
Roughly what is your grocery & food budget each week?	
Do you have access to all basic cooking equipment? ie oven, microwave, blender, pots & pans	
Do you experience joint pain or stiffness on a regular basis? Explain	

How much sleep are you getting each night? Please provide details as to the quality, broken/unbroken	
How are your energy levels most days? 1 being low 5 being high	___1 ___2 ___3 ___4 ___5
What was the date of the last blood test which check the following: Result if concerns were mentioned	1. Full blood count___________________________ 2. Glucose___________________________ 3. Lipids___________________________ 4. Vitamin & Mineral Profile___________________________ 5. Liver Function___________________________ 6. Kidney Function___________________________
Are there any other health concerns you would like to mention?	

Signature:_________________________

Date:______________________________

Thank You!

Please email your health history to julie@positivenutrition.com.au and ensure you have booked a 1 hour initial consultation to allow us time to revise your health history and set some achievable goals together.