

Please feel comfortable being as detailed and open as you can be with your answers, so that I may properly relate to your situation and offer the best consult possible.

Your answers are ALWAYS kept private and confidential.

What is your name? _____

What is your gender? _____

What is your Age?

18 – 29

30 – 39

40 – 49

50 – 59

60+

How would you describe your physical build?

slim

medium-size

large-size

plus-size

significantly overweight

Have you ever had nutrition/health consultation before? Yes No

What is your Main Goal? *(select all that apply)*

adopt healthier eating habits

lose weight

control my blood sugar

be able to discuss with my doctor about reducing medications

learn about various supplement options

reduce pain

Other _____

Do you have any major health issues? Yes No Not Sure

please briefly explain: _____

Do you experience pain very often?

chronic

sometimes

rarely

never

Is your pain related to an injury?	Yes	No	Probably
Is your pain related to activities?	Yes	No	Occasionally
Is your pain reflected by what you eat?	Yes	No	Sometimes
Is your pain related to your overall health?	Yes	No	Maybe
Do you take daily pain medications?	Yes	No	Only when needed

What best describes your experience with fitness? *(select all that apply)*

I struggle to gain weight or muscle

I gain and lose weight easily

I gain weight fast but lose it slowly

I generally maintain the same weight

I gain weight slowly and lose it slowly

I gain muscle easily, but have to work hard to keep up with it

How long ago were you in (what you would consider) great shape?

less than a year ago

1 to 2 years ago

more than three years ago

never

How would you generally describe yourself when taking the stairs?

- I can handle a few flights of stairs with no problem
- I begin to struggle after one or two flights of stairs
- I become extremely out of breath almost right away
- I am unable to climb stairs, period

How often do you go for walks?

- almost every day
- 3–4 times a week
- 1-2 times a week
- more like once a month
- rarely

Do you go to the gym or workout at home?

- almost every day
- 3–4 times a week
- 1-2 times a week
- occasionally
- never

Do you play any sports or physical activities? Yes No

If so, which ones? _____

How often? _____

Do you experience any of the following: *(select all that apply)*

- sore knees / joints
- back pain / muscle pain
- gas or bloating (especially after eating)
- abdominal pain
- trouble in the bathroom (irregularity, constipation or loose stools)
- food sensitivities / allergies
- arthritis or mobility issues

What do you do for a living? _____**What is your work schedule like?** *(select all that apply)*

- full time: how many hours a week? _____ work from home
- part time: how many hours a week? _____ work from home
- night shift: hours _____ to _____
- travel: how many days a week? _____
- my hours are different every week I am self-employed
- I create my own schedule / my hours are flexible
- I am retired or not working right now

How would you describe your typical day? *(select all that apply)*

- I spend most of the day sitting
- I take active breaks
- I am on my feet all day long
- each day is different

How are your energy levels overall? *(select all that apply)*

- high energy, and/or steady throughout the day
- dragging, especially before meals
- post-lunch slump
- low... I feel tired throughout the day

How do you generally like to eat? *(select all that apply)*

- I like junk-food
- Traditional, I enjoy most everything
- Keto, I prefer high-fat, high protien, low-carb meals
- Paleo, I don't eat processed foods
- Vegetarian, I avoid meat and fish
- Vegan (plant-based) I do not eat animal products, for the following reason(s):
 - Religious
 - Ethical
 - Environmental
 - Health reasons

How many times have you been on a "diet?"

- never
- once or twice
- more than three times
- too many to count

How would you best descibe your daily hydration? *(select all that apply)*

- I generally don't drink water
- about two glasses of water (16 oz)
- 3 to 6 glasses of water (24-48 oz)
- more than 6 glasses of water
- I drink coffee or tea approx how many cups? _____
- I like to drink sodas usually how many? _____

Other _____

What is your typical eating pattern?

- _____ % home-cooked meals
- _____ % pre-packaged foods
- _____ % eating at restaurants
- _____ % healthy take-out
- _____ % fast food

What type of snack foods do you like to eat? *(select all that apply)*

sugary snack foods: daily often rarely
salty snack foods: daily often rarely
healthy snacks: daily often rarely
I don't eat between meals

When do you usually have breakfast?

between 6 and 8am
between 8 and 10am
between 10am and noon
I break my fast between noon and 3pm (intermittent fasting)

How about lunch?

between 10 and noon
between noon and 2pm
between 2 and 4pm
I usually skip lunch

What time do you have dinner?

between 4 and 6pm
between 6 and 8pm
between 8 and 10pm
after 10pm
I usually skip dinner

Do you have any of the following habits? *(select all that apply)*

I eat late at night
I have a sweet tooth
I love salty foods
I snack between meals
I am addicted to caffeine
I can't live without soda
I drink alcohol too often
I like to smoke: daily once in a while
none of the above

Other _____**Have any of the following life events led to weight gain/loss, or other health issues in the last several years?** *(select all that apply)*

stress or emotional issues
relationship challenges
busy work or family life
injury or disability
illness

How much sleep do you usually get?

- less than 5 hours
- 5-6 hours
- 7-8 hours
- more than 8 hours
- my sleeping patterns vary

What type of support system do you have at home?

- my family is behind me all the way
- I am challenged with temptation by those that I live with
- I live with others, but I do my own thing
- I live by myself and make my own decisions

Other _____

Do you currently take any supplements/vitamins?

- daily
- most of the time
- sometimes, when I remember
- never

Do you take prescription/OTC medications?

- daily
- sometimes
- rarely
- never

How open are you to homeopathic / Natural Remedies?

- very open
- somewhat curious
- I want to learn more
- not sure

On a scale of 1-10 ...

How eager are you to make changes toward healthy living? _____

(These changes can be at your own pace in order to adapt to your comfort level)

Please save this PDF with your name on it
and email it to: Wellness@ArapahoeCreek.com

Thank you!

I look forward to helping you gain awareness and accomplish your vision to thrive!