

## Fitness History:

1) When were you in the best shape of your life? \_\_\_\_\_

2) Have you been exercising consistently for the past 3 months? YES NO

If so how intense? Light (1x/wk)  Moderate(2-3x/wk)  Heavy (5-6x/week)

3) What activities are you presently involved in?

| Cardio &/or Sports | Frequency/Week | Average Length | Easy/Mod/Hard |
|--------------------|----------------|----------------|---------------|
|--------------------|----------------|----------------|---------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

| Strength Training | Frequency/Week | Average Length | Easy/Mod/Hard |
|-------------------|----------------|----------------|---------------|
|-------------------|----------------|----------------|---------------|

|       |       |       |  |
|-------|-------|-------|--|
| _____ | _____ | _____ |  |
|-------|-------|-------|--|

4) On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)? \_\_\_\_\_

5) Did you play any sports as a teenager? If so, specify \_\_\_\_\_

6) Have you sustained any injuries? (i.e. motor vehicle, sports related, etc.) YES NO

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

## Nutrition Related Questions

1) On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)? \_\_\_\_\_

2) How many times a day do you usually eat (including snacks)? \_\_\_\_\_

3) Do you skip meals? YES NO      4) Do you eat breakfast? YES NO

4) Do you eat late at night?  Sometimes  Often  Never

5) How many glasses of water do you drink a day ? \_\_\_\_\_

6) Are you currently or have you ever taken a multivitamin or any other food supplements? Y N  
If yes, please list the supplements:

\_\_\_\_\_

7) At work or school, do you usually:  Eat out  Bring food if so how many times per wk? \_\_\_\_

8) Do you do your own cooking YES NO

9) Besides hunger, what other reason(s) do you eat?

Boredom  Social  Stressed  Tired  Depressed  Happy  Nervous

10) Do you eat past the point of fullness?  Often  Sometimes  Never

11) Do you eat foods high in fat and sugar?  Often  Sometimes  Never

## Food Diary

Please fill this out this diary as accurately and in detail as possible. Also indicate times of when you eat.

| <b>Weekday</b>             | <b>Day 1</b> | <b>Day 2</b> | <b>Day 3</b> |
|----------------------------|--------------|--------------|--------------|
| <b>Breakfast</b>           |              |              |              |
| <b>mid morning snack</b>   |              |              |              |
| <b>Lunch</b>               |              |              |              |
| <b>mid afternoon snack</b> |              |              |              |
| <b>dinner</b>              |              |              |              |
| <b>After dinner snack</b>  |              |              |              |
| <b>Glasses of water</b>    |              |              |              |

| <b>Weekend</b>             | <b>Sat</b> | <b>Sun</b> |
|----------------------------|------------|------------|
| <b>Breakfast</b>           |            |            |
| <b>mid morning snack</b>   |            |            |
| <b>Lunch</b>               |            |            |
| <b>mid afternoon snack</b> |            |            |
| <b>dinner</b>              |            |            |
| <b>After dinner snack</b>  |            |            |
| <b>Glasses of water</b>    |            |            |