



# LIFESTYLE QUESTIONNAIRE

## Health Goals

1. What are your one-month, one-year, and five-year health, nutrition, and/or fitness goals:

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2. What are the two to three biggest barriers to achieving these goals?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

3. What are the two to three greatest strengths that will help you to achieve these goals?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. Please check the box that best describes how ready you are to permanently commit to your lifestyle change

- |   |   |
|---|---|
| <input type="checkbox"/> Do not believe I need to commit    | <input type="checkbox"/> Would like to commit, but don't think that I can |
| <input type="checkbox"/> Will commit soon                   | <input type="checkbox"/> Recently started to commit (past 6 months)       |
| <input type="checkbox"/> Would like to intensify commitment | <input type="checkbox"/> Made commitment, but relapsed                    |

5. On a scale of 1-10, how important is this change to you? \_\_\_\_\_

6. On a scale of 1-10, how confident are you that you will achieve this change? \_\_\_\_\_

## Health Information

7. How would you describe your health?

- Excellent     Good     Fair     Poor

8. When was the last time you visited your physician? \_\_\_\_\_

## Nutrition History

9. Have you ever followed a modified diet to manage a health condition?

- Yes     No

If yes, please describe: \_\_\_\_\_

10. Do you follow a specialized diet (low carb, gluten-free, vegan, etc).

- Yes     No

If yes, please describe the diet and reasons for following:

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Who purchases and prepares your food? \_\_\_\_\_

## Physical Activity

11. Are you currently physically active?

- Yes     No

If yes, please describe:

\_\_\_\_ minutes of cardiovascular activity, \_\_\_\_\_ times per week  
\_\_\_\_ minutes of strength or resistance training, \_\_\_\_\_ times per week  
\_\_\_\_ minutes of flexibility training, \_\_\_\_\_ times per week

12. Please list your favorite physical activities:

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## Weight History

13. What would you like to do with your weight?

- lose     maintain     gain

14. What was your lowest weight in the past five years? \_\_\_\_\_  
Your highest? \_\_\_\_\_

15. What is your current weight? \_\_\_\_\_  
What is your height? \_\_\_\_\_



# LIFESTYLE QUESTIONNAIRE

## Questions Specific to this Lifestyle Change Program:

16. On a scale of 1 to 10 how useful was this program in helping you to make a lifestyle change?  
(1=not useful, 5=average, 10=extremely useful) \_\_\_\_\_

17. Would you recommend this program to a colleague?  
 Yes       No

18. What did you like best about this program?

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19. How can we improve?

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Thank you for filling out the final Lifestyle Questionnaire. Please compare this copy to your copy from day one!