

Brockton James, Certified Fitness Nutrition Coach / Wellness Coach

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Your Name:

Phone and email:

Confidential Lifestyle Questionnaire (please circle, or if completing in MS Word, underline):

How would you rate your current diet: Healthy Somewhat Healthy In-Between Poor Unsure

Are you a vegetarian? Y / N

If yes, please indicate all that apply: Lacto Ovo Pesco Pollo Vegan Raw Vegan

Do you eat fruits? Y / N

Do you eat nuts / seeds? Y / N

Do you eat gluten-free? Y / N

Approximately how many times a month do you eat at a "sit-down" restaurant?

Approximately how many times a month do you eat at a "fast" food place?

Do you have any medical condition which prevents you from eating certain foods? Y / N

If yes, please explain:

Do you consider yourself to have a sedentary lifestyle (i.e. do you sit for a large part of your day)?

Y / N

How much physical activity (exercise) do you get each week (approximately):

4+ hours 3-4 hours 2-3 hours 1-2 hours Less than 1 hour None

Do you have any physical limitations which prevent you from exercising? Y / N

Are you more than 20 pounds overweight (referring to fat mass)? Y / N

Do you feel you have enough energy throughout the day? Y / N

Do you take a nap during the day (on most days)? Y / N

What aspects of your lifestyle, body composition, etc. would you like to improve over the next 6 months?

Lifestyle Questionnaire Page 2

Your Name:

Do you have any other specific issues you would like me to assist with in the coming weeks? If so please explain:

Thank you, and I look forward to working with you!