

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
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_____	_____	_____	_____
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Strength Training	Frequency/Week	Average Length	Easy/Mod/Hard
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_____	_____	_____	
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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 _____

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.

Weekday	Day 1	Day 2	Day 3
Breakfast			
mid morning snack			
Lunch			
mid afternoon snack			
dinner			
After dinner snack			
Glasses of water			

Weekend	Sat	Sun
Breakfast		
mid morning snack		
Lunch		
mid afternoon snack		
dinner		
After dinner snack		
Glasses of water		