



## Health and Lifestyle Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Best Phone Number to reach you: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Children: \_\_\_\_\_ Pets \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours per week \_\_\_\_\_

How satisfied are you with your current job? 1 (low) – 10 (high) \_\_\_\_\_

Is your job a high stress factor in your life? \_\_\_\_\_

How satisfied are you with your overall health? \_\_\_\_\_

Do you have any major health challenges now or have in the past? (i.e. surgery illness, accidents) \_\_\_\_\_

Current or chronic conditions or complaints: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How do you feel about your overall fitness? 1 (low) – 10 (high) \_\_\_\_\_

How often do you exercise per week? \_\_\_\_\_

Types of exercise ( i.e. gym, running, yoga ) \_\_\_\_\_

What are your main obstacles to exercise? Time \_\_\_\_\_ Family/Work \_\_\_\_\_

Motivation \_\_\_\_\_ Fatigue \_\_\_\_\_

How often do you eat home cooked meals per week? \_\_\_\_\_

How often do you eat out or eat prepared foods per week? \_\_\_\_\_

Do you have any special food requirements? \_\_\_\_\_

Do you feel you have any food challenges such as emotional eating, sugar or  
caffeine addictions or other food issues? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you comfortable with your current weight? \_\_\_\_\_

If not, what would you like to see different? \_\_\_\_\_

How many hours do you sleep? \_\_\_\_\_

Any difficulties getting or staying asleep?

Please note any other major stressors in your life i.e. divorce, moving, health of  
family member \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

And last but perhaps most important....

What brings joy or fun into your life? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_