



STRETCH FITNESS

NUTRITION COACHING QUESTIONNAIRE

Congrats and welcome to the program! :) I'm so excited that you signed up and I can't wait to see your progress!!

I am going to start with asking you some questions so that I can get a better feeling of where we are starting, goals, and about you.

Name:

Age:

Birthday:

Height:

Weight:

Body Fat % (if you have this information):

Goal Weight and/or BF %:

On a scale of 1 to 10 (1 being not at all; 10 being all in), how ready are you to change?

What are your fitness/health/nutrition goals?

Are you looking to improve sports/athletic performance or is your focus general weight/fat loss or muscle gain?

Where did you hear about our fitness and nutrition programs?

Are you currently tracking your food via My Fitness Pal? If so, what is your username? If not, would you be willing to try it out to increase your chances of success?

Would you like to receive text updates or check-ins? If so, please provide your cell #:

Do you prefer a program that is: Gluten Free, Dairy Free, Vegan, Vegetarian, Normal Foods (meaning you are not following a GF, dairy free, etc. diet), Other:

What is your occupation?

What time do you normally wake up and good to bed?

How would you rate your nutrition? (1-10; 1 being 'fast food fanatic', 10 being 'clean as a whistle'):

How many meals/snacks do you eat a day?

How many times to you eat out a week? (This includes buying lunch from a cafe at work) Where are those places that you tend to eat out the most? (Panera, etc.)

Do you have any food allergies?

Do you currently have any food or dietary restrictions given to you by a doctor?

Are there any foods that you will absolutely NOT eat?

Are you able to make time to food prep once or twice a week?

Physical Fitness Level: (1-10; 1 being you never workout, 10 being you're a super athlete)

How often do you workout per week, how long and what do those workouts consist of?

Are your workouts generally: Easy, moderate, difficult or intense?

What time do you normally workout? (AM, Afternoon, PM)

Are there any certain times of the day where you feel sluggish or tired? If so, what times?

Do you smoke?

Do you drink alcohol, and if so, how much?

Please list all medications, vitamins or supplements you are currently taking:

What obstacles are you currently facing or have faced in the past that you feel prevent you from succeeding in a program?

Do you feel you have a good support system with friends/family/partner to help you get to where you want to be?

Have you hired a nutrition coach/nutritionist or personal trainer in the past? If so, what did you like or dislike about them?

Any other questions, comments or concerns that you have:

After you answer those questions and send them back to me, I may have some additional questions based on your answers. After you fill out the questionnaire, I want you to do a 3 to 5-day food and workout journal (you decide which amount of days will best depict your eating patterns). I want you to list EVERYTHING that you've eaten and at what times, including your workouts and times for those days. Even if you ate 3 Skittles at 2:55pm, write that down! But most importantly, eat EXACTLY the way you are eating now. Don't be embarrassed to write down exactly everything you would normally eat. In order for this program to REALLY work, you have to be 100% honest with yourself and with me. From there I am going to analyze your journal and your eating patterns and come up with a game plan that will help you reach your goals. Lastly, before you start your program, I want you to take measurements of certain body parts. There will be a measurement guide and log in your program that you can use. You will also need to take your before pictures. Preferably these will be in a sports bra and shorts or a two-piece bathing suit (women) or shorts and no shirt (men). These will be taken from the front, side and back. Measurements and pictures will tell a LOT more about your success than the number on the scale will! (All information and pictures that you share are private and will be kept in

strict confidence between you and I, unless you grant permission to share a before/after picture after completion of the program.)

Once you complete your 3-5 day journal, email it to me so that I can get started on your program!

Please let me know if you have any other questions and email me whenever you need!