



Version 4.0

2022

NUTRITION COACHING QUESTIONNAIRE

FOR CUSTOM NUTRITIONAL PLAN DEVELOPMENT

This questionnaire will allow thorough development of a personalized nutrition plan most suited to your habits, goals, and current nutritional lifestyle. Take your time answering these questions so that your personalized plan will be as beneficial as possible. When completed, please send to scottmackenzie403@gmail.com.

PART 1: BASIC INFORMATION

Name: _____ Gender: _____ Age: _____ DOB (MM/DD/YY) _____

Height: _____ Weight (as of this morning): _____ Goal Weight: _____

Body Composition Goal (If relevant, if not N/A): _____

PART 2: GOALS

Given the following goals, please rank them in order of importance, with 1 being **most important** and 8 being **least important**.

Improved Health _____ Improved Endurance _____ Increased Strength _____

Sport-Specific* _____ Increased Muscle-Mass _____ Fat Loss _____

Increased Power _____ Weight Gain _____

*If sport specific please specify the sport or athletic event for which you are training: _____

If you rated weight loss or weight gain highly, please specify a goal amount, and the timeframe in which you would like to see this change in body mass: _____

If you have any other time sensitive outcome goals please list them:

PART 3: CURRENT EXERCISE/TRAINING INFORMATION

Rate your average weekly exercise/training level – moderate to vigorous, intentional exercise only.

- Sedentary (minimal exercise)
- Lightly Active (1-2 times/week)
- Moderately Active (3-4 times/week)
- Very Active (5-7 times/week)



What types of exercise/training do you typically engage in and for what duration?

PART 4: LIFESTYLE INFORMATION

Occupation: _____

What is the activity level at your job?

- None (seated work only)
- Moderate (slight activity such as walking)
- High (heavy labor, very active)

Does your job involve shift work (Y/N)? _____

Please list the physical activities that you participate in outside of the gym and outside of work:

Approximately how much money do you spend on groceries per month (provide amounts from last two grocery bills if possible) _____

How many times per week do you shop for groceries? _____

How many meals do you eat in restaurants and/or fast food places per week? _____

Exactly how much money do you spend on supplements per month? _____

List the nutritional supplements and doses you are currently taking: _____

Please list any known food allergies: _____

Are there any other foods to which you're particularly sensitive (i.e., which cause gas, bloating, stuffiness, or congestion)? _____

PART 5: 3 DAY DIETARY RECORD

Please track 3 days of your nutritional and fluid intake as accurately as possible using the myfitnesspal app. Add scottmackenzie403@gmail.com as a friend, and go into your myfitnesspal diary settings and set to "shared with friends". This way I will be able to see an accurate snapshot of your current nutritional lifestyle. Please try to select accurate food sources – the app is open source so there are a lot of poor quality entries. Usually entries with a green star beside them are verified.

PART 6: DIETARY PREFERENCES



What your preferred style of eating?

- Anything – No major preferences or restrictions, will eat pretty much anything.
- Mediterranean - Features plant foods, healthy fats, and moderate amounts of lean protein.
- Paleo - Emphasizes meats, vegetables, and healthy fats.
- Vegetarian - A plant-based diet, plus small amounts of eggs and dairy.
- Ketogenic - A high-fat, very-low carbohydrate diet.
- Fully Plant Based - All plant-based foods. No animal products of any kind.

How many meals do you prefer to eat in a day? (ex. 3 meals + 1 snack = 4 meals)

PART 7: MISCELLANEOUS INFORMATION

If there is any other information you think might be relevant to your nutritional coaching and program design, please share it below.

Please share your most frequent health, nutrition, or physique complaints and/or dissatisfactions in the space below.
