

Client Questionnaire

Date: _____

First Name: _____ Initial: ____ Last Name: _____

Sex: ____ male ____ female Pregnant: ____ no ____ yes Nursing: ____ no ____ yes

Height: ____ ft. ____ in. Age: _____ Body Build: ____ small ____ medium ____ large

Place your thumb and middle finger around your wrist. Small = fingers overlap. Medium = fingers touch. Large = fingers don't touch.

Activity Level:

____ Sedentary ____ Lightly Active ____ Moderately Active ____ Very Active ____ Extremely Active

Sedentary = word processor, computer programmer. Moderately active = waitress, waiter. Very active = construction worker.

Present Weight: _____ Desired Weight: _____ Desired Weight Loss or Gain per week: _____

Present % Body Fat: _____ Desired % Body Fat: _____

Guidelines for Women: "Athlete" = <17% "Lean" = 17% - 22% "Normal" = 22% - 25% "Above average" = 25% - 29%

Guidelines for Men: "Athlete" = <10% "Lean" = 10% - 15% "Normal" = 15% - 18% "Above average" = 18% - 20%

Weekly exercise regimen, if any (describe):

Foods you like (or wish to emphasize):

Foods you dislike (or need to avoid):

Daily intake ratio desired of Protein, Carbs, and Fat (must add up to 100%): ____% ____% ____%

Nutrients (if any) that you are attempting to control:

Comments and concerns:

