

# Meal Planning Assessment

*I am so excited to create you a delicious nutrition plan, designed specifically for your needs and to help you reach your goals. Please complete this form to help me better understand your ambitions, typical diet, lifestyle and preferences.*

*Remember — there is no such thing as “too much information” here. The honest information you provide will help me create an amazing plan that you will love!*

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## Tell Me About You

**Full Name**

**Age**

**Height**

**Current Body Weight**

**Do you want to see changes in your body weight or composition?**

Yes

No

*Describe the types of changes would you like to see.*

**What are your health, lifestyle and dietary goals?**

**Have you ever followed a diet?**

Yes

No

*Describe your experience.*

**What do you hope to achieve through working with a nutritionist?**

## Tell Me About Your Current Lifestyle

**Do you exercise regularly?**

Yes

No

*How often and what type of exercise?*

**Do you feel your current diet is healthy?**

Yes

No

*What do you think your current diet is lacking?*

**Do you have any digestive issues?**

Yes

No

*What kind and how often?*

**Do you have a bowel movement every day?**

Yes

No

*How often?*

Rate your average daily energy on a scale of 1 to 10

1            2            3            4            5            6            7            8            9            10

1 = Low Energy, 10 = High Energy

**Tell Me About Your Current Diet**

How many times do you eat per day?

Describe your typical Breakfast.

What time of the day do you eat Breakfast?

Describe your typical Lunch.

What time of the day do you eat Lunch?

Describe your typical Dinner.

What time of the day do you eat Dinner?

**Describe your typical Snacks.**

**What times of the day do you eat Snacks?**

**How many meals per week do you eat out?**

- None
- 1 to 2
- 3 to 4
- 4 or more

**If you eat out, what is the most common meal you will eat out for?**

## **Now Let's Talk About Meal Planning**

**What is your motivation for seeking out a meal plan?**

**Are there any foods you will not eat due to sensitivities, allergies, or religious reasons?**

**How much time would you ideally want to spend in the kitchen per day?**

**Which food prep style best describes you?**

I like to prep food in advance and eat the same meals for a few days

I want to spend more time cooking and have different meals each day

Other

*If "Other", please specify*

**What are some of your favourite foods to eat?**

**What excites you about having or following a custom meal plan?**

**Is there anything that scares you or intimidates you about following a meal plan?**

**Is there anything else about yourself that you would like to share with me to help in building your meal plan?**