



American
Health & Wellness
Center

Nutritional Counseling Questionnaire

Name: _____ Date: ____/____/____
E-Mail address: _____ Age: _____
Phone number: _____ Height: _____

Weight: _____ Goal Weight: _____

Please complete the questionnaire to the best of your ability!

1. Explain your present weight training regiments.

A. Exercise Type/days per week? (ex: Chest: 2-Mon,Wed 60 min session)

Chest: _____ Back: _____
Shoulders: _____ Biceps: _____
Triceps: _____ Legs: _____
Abs: _____

2. Circle your current caloric intake? (fill in the blank above or below 1,500 and 3,000 if applicable)

Below 1,500: _____ 1,501-2,000 2,001-2,500 2,501-3,000 Above 3,000: _____

3. How much rest do you get during the week?

Not enough 1 2 3 4 5 Too Much

4. How many times a week do you eat the following sources of protein and how many servings?

Egg whites: _____ Lean Beef: _____
Chicken/Turkey breast: _____ Protein Bars: _____
Lentils: _____ Low fat cottage cheese: _____

5. What do you eat prior to a work out session? (*circle all that apply*)

a. whole meal b. protein shake c. nothing d. snack such as _____
e. other: _____

6. What do you eat post workout? (*circle all that apply*)

a. whole meal d. fruit
b. protein shake e. snack such as _____
c. nothing f. other: _____

7. Have you ever had your % body fat tested? Yes No

If yes, when was it tested and what were the results? _____

8. I eat ___ meals per day: 1 2 3 4 5 6 6+

9. Is there any additional information you would like us to know? _____
