Pantry Questionnaire

All of your information will remain confidential.

GENERAL INFORMATION

Name: _____

Address: _____

Email Address: _____ Phone: _____ Age: ____

Relationship Status: _____ How many children/their ages? _____

Pets? _____Occupation: _____

Preferred Form of Communication (Phone, Text, Email) _____

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DIETARY INFORMATION

1. Please list your main wellness concerns:

2. What are your goals?

3. What are the foods you generally eat for:

Breakfast?

Lunch?

Dinner?

Snacks?

Liquids? Do you generally drink at least 8 glasses of water every day?

4. What are your favorite snack foods?

5. What foods would you like to eat less of? Why?

6. What foods/products would be the most difficult for you to give up and why?

7. What foods would be the easiest to eliminate?

8. What percentage of your food is home cooked? Are you the main cook in your household?

9. Do you consume a lot of packaged foods (granola bars, cereals, chips, sweets, etc.)? If so, what are your favorites? What are the items you can't live without?

10. The most important thing I should change about my diet is:

11. Any food allergies/sensitivities?

12. Anything else you would like to share?

Informed Consent for Nutritional Program

I, _____ agree to allow_____, who is certified in the field of nutrition and/or personal training to design a weight control program for myself in my quest to enhance my personal well-being. I will follow that program to the best of my ability and will not hold_____ or anyone related to the facility or persons liable for any problems, illnesses or injuries that might occur due to a sudden change in my eating and/or exercise habits.

I understand that _____ is not a doctor, medical practitioner, or registered dietitian. The weight control program does not replace the expert advice or medical treatment of my own doctor. I have answered the above questions regarding my personal health, including any medications that I either currently am taking or have taken.

Signed: _____

Date: _____

Witnessed by: _____

Date: _____