

## Wellness Program Questionnaire

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current weight: \_\_\_\_\_ Goal Weight: \_\_\_\_\_

### How would you describe your daily activity level?

- Sedentary \* Primarily inactive, sitting most of the day, <5,000 steps per day, or less than 1.5 miles per day)
- Light (office work) \* 1-2 miles a day; 5,000-6,00 steps (this may include exercise & or just activities or daily life)
- Moderate (standing, walking) \*\* 3-4 miles a day; 8,000-10,000 steps (may include exercise/ daily life activity)
- Heavy (construction) \*\*\* > 5-6 miles a day

**Which are you interested in:** Losing / maintaining / gaining weight

**Are you serious about losing/gaining weight now?** Yes / No / Still on the fence not feeling really ready

**What have you tried before?** *(list other programs or approaches)*

\_\_\_\_\_

**Why did other programs not work for you?** \_\_\_\_\_

**Have you ever been on any prescription weight-loss medications?** Yes / no

~ if yes please list: \_\_\_\_\_

**Do you eat three meals a day?** Yes/ No \*\*\* (Please list examples of what you normally eat)

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

**Do you eat between meals?** Yes / no (Circle any that apply)

~ if yes: What time of day do you usually snack? Morning / Afternoon /Evening after dinner/ Late night

**Are you currently taking vitamins or supplements?** Yes/ no

~ If yes, please list what you take: \_\_\_\_\_

\_\_\_\_\_

**How often do you eat meals not prepared by you?** \*\* Normal consumption is 21 meals per week total \*\*

~ 1-2 times a week / 2-4 times a week / 3-5 times / + 7 meals a week:

(Includes: Restaurants, fast food, frozen meals, snacks, coffees, sodas, etc.?)

Do you have regular bowel movements? \_\_\_\_\_

**How is your current weight/lifestyle affecting your life right now?** \_\_\_\_\_

## Wellness Program Questionnaire

Are you currently exercising regularly?  Yes  No If yes, for how long?

Type	# days/week	# minutes/workout	Intensity
Aerobic Exercise			
Strength Resistance			
Stretching/Yoga			

On a scale from 1-10, how ready are you to make changes in your eating patterns? \_\_\_\_\_

Do you have any access to exercise items, or gym membership? Yes/ No  
~ If yes please list:

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Do you have any physical limitations with exercise/previous injuries? Yes/ No  
~ If yes please list below:

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Do you have any hobbies or interests? Yes / No ~ Please list:

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