



**What are some of the foods or meals you like MOST?**

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.....

**What are some of the foods or meals you DON'T like?**

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**Right now, on a scale of 1-10, how consistent would you say you are with your eating habits?**

ALL OVER  
THE PLACE

1

2

3

4

5

6

7

8

9

10

PERFECTLY  
CONSISTENT,  
ALL THE TIME

**If you're less consistent than you'd like to be, what seems to get in the way or knock you off track?**

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## Food and health

**Do you have any known / diagnosed food allergies or intolerances?** If yes, what are those?

Y  N

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**Do you have any suspected or possible food allergies or intolerances?** If yes, what are those?

Y  N

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**How often do you have a bowel movement?**

- More than 3 times daily
- 1-2 times daily
- A few times a week
- 2-3 times daily
- Once every 2-3 days
- Weekly or less

**Do you have any digestive system complaints right now?** If yes, what are those?

Y  N

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## Hunger cues and appetite

**On a scale of 1-10, how would you describe your normal appetite / hunger?**

- NEVER HUNGRY  1  2  3  4  5  6  7  8  9  10 ALWAYS STARVING/ RAVENOUS

**Do you feel like you have trouble controlling your appetite / hunger?**

- Yes, I feel like I always want food, or eating runs my life
- Sometimes; it depends
- No

**Do you normally struggle with food cravings?**

- Yes, often
- Sometimes; it depends
- No, rarely

**If yes or sometimes, what do you normally crave?**

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**What do you normally do when you have cravings?**

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## Daily habits and environment

### How often do you normally make meals at home?

- 0 meals a day                       3-4 meals a day                       All meals prepared at home  
 1-2 meals a day

### How often do you normally eat meals in restaurants / cafeterias?

- 0 meals a week                       3-4 meals a week                       5 or more meals eaten in restaurants /  
cafeterias  
 1-2 meals a week

### How often do you shop for food?

- More than daily                       A couple times a week                       I never shop for food; it just magically  
appears in my house  
 Daily                       Once a week  
 Every other day                       Less than once a week

### On a scale of 1 to 10, how would you rank your food preparation and cooking skills right now?

- TERRIBLE / NONEXISTENT     1     2     3     4     5     6     7     8     9     10    EXPERT CHEF

### Do you like cooking?

- Yes                       Sometimes, if I have the time / energy                       No

### If no, what do you NOT like?

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.....

### If yes or sometimes, what do you enjoy about it?

.....  
.....

## Your goals and priorities

Thinking about all that you have written down here, what do you think you might like to start working on or addressing first?

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