

**PERSONAL STRATEGY QUESTIONNAIRE**

Please complete this questionnaire as honestly as you can. There are no right or wrong answers, and everything you share will be kept strictly confidential. Once you have completed it, please return it to me so we can discuss your next steps.

**Full Name:**

**Email Address:**

**Phone Number:**

**Home Address:**

**Current Occupation:**

**Are you married or in a relationship?**

**If you have children, how many of them still live at home with you?**

**Do you have pets?**

**Do you have any special dietary requirements?**

**Age:**

**Height:**

**Current weight:**

**Body Fat (if known):**

**ACTIVITY LEVEL:**

**How would you rate your current activity level?** *(1 being “NOT GREAT” and 5 being “BEST SHAPE OF MY LIFE”):*

1 – 2 – 3 – 4 – 5

**What’s your primary fitness goal?** *(Select one option):*

* Weight (muscle) gain
* Weight (fat) loss
* Get fit and look great
* Stay healthy and feel good about it
* Enhance my athletic endurance
* Increase my physical strength and power
* Prepare for my competitions
* Other:

**What types of physical activity do you undertake?** *List specific sports, training programs, competitions, group exercise, gym workouts:*

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**How often do you exercise?** *(Select one option):*

* Daily
* 5-6 days a week
* 3-4 days a week
* 1-2 days a week
* Currently not exercising
* Other:

**How many hours of exercise in a typical training day?** *(Select one option):*

* An hour or less
* 1 or 2 hours
* 3+ hours
* Other:

**NUTRITION:**

**How would you rate your diet in the past 6 months?** *(1 being “BAD” and 5 being “IMPECCABLE”):*

1 – 2 – 3 – 4 – 5

**How much protein do you normally have?** *(Select one option):*

* What is “protein”?
* Not sure
* A little
* Just enough
* A little bit more than I need
* Probably too much

**How much healthy fat do you normally have?** *(Select one option):*

* What is “healthy fat”?
* Not sure
* A little
* Just enough
* A little bit more than I need
* Probably too much

**What’s your main source of carbohydrates?** *(Select one option):*

* What are “carbohydrates”?
* Fruits and vegetables
* Bread and pasta
* Rice, beans, peas, quinoa
* Pastries, cakes and sweets
* Sugary drinks and smoothies
* Cereals and energy bars
* Other:

**SUPPLEMENTS:**

**Do you take any sports supplements?** (*If yes, please specify which types and brands):*

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**Do you take any other supplements (vitamins)?** (*If yes, please specify which types and brands):*

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**HYDRATION:**

**How much water do you drink in a day?**

* I don’t drink water
* 500ml – 1 litre
* 1-2 litres
* 2-3 litres
* 3+ litres

**How many cups of coffee do you drink?**

* I don’t drink coffee
* 1-2 cups
* 2-3 cups
* 3-4 cups
* 4+ cups

**If you drink coffees do you drink any after 4pm?**

* Yes
* No

**How many alcoholic drinks do you have in a week and what type of alcoholic drink?** (Please provide units or amount of glasses and types of mixers if any)

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**Please list other drinks that you consume and specify the amount** (herbal teas, black teas, juices, sport drinks etc.)

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**SLEEP:**

**How many hours of sleep do you get?**

* Less than 5 hours
* 5-6 hours
* 7-8 hours
* 8+ hours

**STRESS MANAGEMENT:**

**What is your current stress level?** *(1 being “VERY STRESSED” and 5 being “I’M NOT STRESSED AT ALL”):*

1 – 2 – 3 – 4 – 5

**If you are stressed what is the main cause of it?**

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**ADDITIONAL QUESTIONS:**

**Do you have a special event coming up?** *(Include any sports events, tournaments or competitions that you are participating in; holiday, wedding etc.):*

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**Have you worked with a nutritional advisor in the past?** *(If yes, please specify the type of provider and the results you obtained or did not obtain):*

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Thank you for completing this questionnaire! Please email it to fitaliciousnutrition@gmail.com

I look forward to reading your responses and connecting with you to arrange the next phase of the process!

*Aleksandra*