
Lifestyle Questionnaire

Today's Date: _____ Date of Birth: _____

Last Name: _____ First Name: _____

I. Your Attitude towards Food

A. Diets

1) Have you ever been on a diet? yes no If yes, please continue to #2. If no, continue to *Section B. Food*

2) How many diets have you been on in the last two years? _____

3) Describe the diets you've been on. Did you go to a commercial weight loss service (Jenny Craig, Diet Center, etc.)? Did you follow a diet from a book or article? If so, which one?

4) Describe your experience with diets. Did you lose weight? Did you gain any of it back?

B. Food

1) Do you eat breakfast? yes no

2) Typically, do you eat after 8 p.m.? yes no If yes, what do you usually eat?

3) How many times a day do you eat? _____

4) Can you recall ever eating to avoid doing something? yes no If yes, when was this?

5) Do you ever eat when you aren't hungry? yes no If yes, when?

6) How often do you read food labels? _____

7) Do you ever "treat" yourself with food? yes no If yes, when? _____

8) What sources of information about nutrition have you found most helpful? _____

Lifestyle Questionnaire Continued...

9) Has someone ever encouraged you to eat something that was not in your best interest? yes no
If yes, did you do it? yes no Why? _____

10) Do you take any vitamins or supplements? yes no If yes, which ones? For how long?

II. Your Attitude Toward Exercise

A. What’s the Point of All of This Anyway?

You need to create a clear, tangible image in your mind of the benefits of staying on your fitness program. It must be vivid and powerful enough to sustain you through difficult times when you feel your self-discipline and motivation slipping. This exercise will help you create that image.

1) Complete the following sentence: *“If I do three cardiovascular exercise sessions and two to three resistance training sessions per week, it will”*

	Not Likely			Very Likely		
Improve my appearance	1	2	3	4	5	6
Allow me to cope with stress better	1	2	3	4	5	6
Help me avoid getting sick	1	2	3	4	5	6
Give me a powerful sense of personal achievement.....	1	2	3	4	5	6
Increase my self-esteem	1	2	3	4	5	6
Improve my physical strength	1	2	3	4	5	6
Make me more independent	1	2	3	4	5	6
Improve my ability to concentrate	1	2	3	4	5	6
Take up too much time	1	2	3	4	5	6
Cause pain, soreness, and discomfort	1	2	3	4	5	6
Make me very tired	1	2	3	4	5	6
Cause me to get injured	1	2	3	4	5	6

2) Please rewrite this sentence and complete it in your own words.

“If I do three cardiovascular sessions and two to three resistance training sessions per week, it will...”

3) Do you need support from others (friends, family, etc.) to stay consistent with your exercise and nutrition program? yes no

4) Do you have this type of support? yes no On a scale of 1 to 10 (10 is the ultimate nurturing, supportive group), how much support is available? _____

5) Are there people in your life who either intentionally or unintentionally discourage or interfere with your staying consistent in your exercise and/or nutrition program? yes no If yes, how do they interfere? How do you deal with it? _____

