

INTAKE QUESTIONNAIRE



Name:
Phone:
Email:
Date of Birth:
Current weight:
Goal weight:
Are you on any medication/have any medical problems?
Are you doing any exercise at the moment?
Who lives with you at home?

INTAKE QUESTIONNAIRE



How are you sleeping at the moment?
How much alcohol do you drink?
Have you lost weight and put it back on?

Tell me about a typical day, what do you eat?

BREAKFAST:

TIME:
DETAILS:

LUNCH:

TIME:
DETAILS:

DINNER:

TIME:
DETAILS:

SNACKS:

TIME:
DETAILS:

What has been the stumbling block for you in previous weight loss plans?

What do you find easy to do when trying to lose weight? What has worked for you in the past?

Assessing motivation

Date:

How motivated are you to change your eating habits?

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10
Not at all Completely

How ready are you to start the programme?

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10
Not at all Completely

How ready are you to take at least 10 minutes a day to engage with the programme?

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10
Not at all Completely

How motivated are you to exercise?

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10
Not at all Completely

How committed are you right now?

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10
Not at all. Completely