

Food Habits Questionnaire

Thrive Fitness RVA

Name _____ Date _____

Please answer the following questions thoughtful.

What habits would you like to begin to change? _____

What is motivating you to pursue nutrition coaching at this time? _____

What are your greatest challenges in making optimal food choices a part of your lifestyle?

What are your favorite “junk” foods? What your favorite healthy foods?

Do you have any known food allergies?

Do you enjoy trying a variety of foods or are you apprehensive to explore foods you haven't tried?

Have you ever been diagnosed with an illness or medical condition?

List all prescribed medications.
