



Please fill in this Questionnaire and email to

sharon@namastehathayoga.co.uk

General Information

Your Name	
Email	
Height	
Weight	
Date of Birth (this is required to calculate your BMI)	

Gender	
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Are you pregnant? Yes ☐ No ☐

If **YES**, Please consult with your GP before embarking on a diet/exercise programme

Do you suffer from any allergies or Food Intolerances?

Yes ☐ No ☐

Please tick items that you are allergic/intolerant to:

Fish ☐ Nuts ☐ Eggs ☐ Wheat ☐ Other ☐

If **Other** Please state what you are allergic/intolerant to:

Do you suffer from any medical conditions?

Yes ☐ No ☐

If **YES** Please consult with your GP before embarking on a diet/exercise plan

Which of the following best describes your usual breakfast?

I don't eat breakfast ☐ cereals/muesli ☐ Porridge ☐ Fry Up ☐ Cereal Bar ☐ Other ☐

If other, please provide an example:

Which of the following best describes your usual lunch?

I don't have time for lunch ☐ chocolate bar/crisps ☐ sandwich ☐ Soup ☐

Cooked Meal ☐ Pub/cafe lunch ☐ staff canteen ☐ Eat at home ☐ Other ☐

If other please provide an example:

Which of the following best describes your usual evening meal?

Home-cooked meal ☐ Pre-prepared Meal - fridge/freezer ☐ Ready Meal ☐

Eat Out ☐ Snack ☐

Which best describes your typical daily diet

I almost always eat 3 or fewer meals per day ☐

I almost always eat at least 3 meals & several snacks a day ☐

It depends, sometimes less than three meals, sometimes more than 4 ☐

Dietary Habits

Is your diet based on any religious, personal, medical or other choice (e.g. Hindu, Muslim, vegan, vegetarian, gluten free etc. <i>Please specify</i>	
Do you have any special dietary requirements? <i>Please specify</i>	
Have you been on/are currently on any specific diets? <i>Please specify/give duration</i>	
How many times per week do you consume ready meals?	
How often do you cook at home?	
Do you regularly miss meals	
Are there any foods that you would find hard to give up?	
List your favourite foods	
Do you crave any particular food	
Are there any foods that cause you digestive issues such as bloating etc	

Typical Food Consumption

How many portions of vegetables/salad (excluding potatoes) do you eat each day?	
How many portions of fruit (including dried fruit and fruit juice) do you typically eat each day?	
How many portions of carbohydrates do you typically eat each day? (cereals bread, pasta rice and potatoes)	
How often do you eat red meat? (beef, lamb, pork)	
How often do you eat processed meat? (bacon, ham, sausage, salami)	
How often do you eat fish?	
How often do you eat cheese, cream, butter and yoghurt?	
How much cow's milk do you consume? <i>Please specify if full fat, semi-skimmed or skimmed</i>	
How often do you eat chocolate or confectionary	
How often do you eat snack foods? (crisps, salted nuts, etc)	
How much water do you drink daily?	
How much tea and coffee do you drink daily?	
How many fizzy drinks do you drink daily? <i>Please specify the kind of drink</i>	

What is your main reason(s) for wanting to lose weight?

Special Occasion coming up ☐ Improve physical appearance ☐ Engage more with family ☐

Become healthier ☐ Feel Better day-to-day ☐ Other ☐

Which best describes your current priorities

Focussing on losing weight for a special occasion ☐

Losing weight in general ☐

Losing weight and putting a healthy eating plan in place ☐

Losing weight and exercising regularly ☐

Employment Status

Full Time ☐ Part Time ☐ Retired ☐ Self Employed ☐ Other ☐

Exercise

I exercise every day ☐

"I occasionally exercise ☐

I would like to exercise more but lack motivation ☐

I never exercise ☐

Three Day Food Diary

Please choose 2 fairly typical weekdays and a weekend/day off and record what you ate and drank. Please give as much information as possible, i.e. portion size, home cooked (state ingredients), shop brought, brand names, fresh, organic, wholegrain, whole-wheat, or white etc.

	Week Day 1		Week Day 2		Weekend/Day Off	
Breakfast	Time:		Time:		Time:	
Lunch	Time:		Time:		Time:	
Dinner	Time:		Time:		Time:	
Snacks	Time:		Time:		Time	
Drinks	Coffee		Coffee		Coffee	
	Tea		Tea		Tea	
	Green/Herbal Tea		Green/Herbal Tea		Green/Herbal Tea	
	Fizzy Drinks/Cordial		Fizzy Drinks/Cordial		Fizzy Drinks/Cordial	
	Units of Alcohol Type:		Units of Alcohol Type:		Units of Alcohol Type:	
	Glasses of Water		Glasses of Water		Glasses of Water	
	Other Drinks		Other Drinks		Other Drinks	