

# Nutrition Questionnaire

## Personal Nutrition Assessment

### Basic Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact Information: \_\_\_\_\_

### Dietary Habits

#### Meal Patterns

How many meals do you eat per day?

- 1
- 2
- 3
- More than 3

How many snacks do you eat per day?

- 0
- 1
- 2
- More than 2

Do you eat breakfast regularly?

- Yes
- No

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Do you have a specific diet (e.g., vegetarian, vegan, gluten-free)?

- Yes
- No

If yes, please specify: \_\_\_\_\_

## Food Preferences

What types of food do you prefer?

- Fruits
- Vegetables
- Dairy
- Grains
- Meat
- Seafood
- Other: \_\_\_\_\_

Are there any foods you dislike or avoid?

- Yes
- No

If yes, please specify: \_\_\_\_\_

## Health and Nutrition

Do you have any dietary restrictions or allergies?

- Yes
- No

If yes, please specify: \_\_\_\_\_

Are you currently taking any vitamins or supplements?

- Yes
- No

If yes, please specify: \_\_\_\_\_

Do you have any medical conditions that affect your diet?

- Yes
- No

If yes, please specify: \_\_\_\_\_

How much water do you consume daily? \_\_\_\_\_

## Lifestyle and Physical Activity

How often do you exercise per week?

- Never
- 1-2 times
- 3-4 times
- 5 or more times

What types of physical activity do you engage in?

- Walking
- Running
- Swimming
- Yoga
- Weightlifting
- Other: \_\_\_\_\_

How many hours of sleep do you get per night?

- Less than 5 hours
- 5-6 hours
- 7-8 hours
- More than 8 hours

## Goals and Preferences

What are your main health and nutrition goals?

- Weight loss
- Muscle gain

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- Improved energy
- Better overall health
- Other: \_\_\_\_\_

Do you have any specific dietary preferences or concerns?

- Yes
- No

If yes, please specify: \_\_\_\_\_

## Additional Comments

Please provide any additional information or comments related to your nutrition and health:

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**Please submit form to:**

yanevertservicesclinic@gmail.com