Infinite Balance – Lifestyle Consultation

#### Name: DOB: Email address:

## Physical Activity

1. At present, how often do you participate in some kind of exercise?

3 to 4 times per week

1 to 2 times per week

1 to 2 times per month

Not at all

What are you currently participating in? (Include any sessions you attend as well as what you do on your own)

2. What sport or activity has worked for you in the past?

4. What form of sport or exercise do you dislike and why?

5. How much movement do you carry out in a day? (average steps, approximate time of movement).

6. What kind of daily movement do you do in a usual day?

Any other comments:

## Occupation / Leisure

6. What is your present occupation?

7. Does your occupation involve much physical exercise i.e. lifting, walking?

8. What exercise or hobbies do you like to do in your spare time?

Any other comments:

## Exercise Goals

20. What do you want exercise to do for you in the next

1 month :

3 months :

1 year :

22. Rate your goals in undertaking exercise:

Extremely important Quite important Not very important

23. Rate in your view, the following in importance 1 – 9 (1 Least important 9 Most important)

a. Improve overall health \_\_\_\_\_\_\_\_\_

b. Improve your fitness \_\_\_\_\_\_\_\_\_

c. Reshape or tone my body \_\_\_\_\_\_\_\_\_

d. Improve my performance for a particular sport \_\_\_\_\_\_\_\_\_

e. Improve moods and stress levels \_\_\_\_\_\_\_\_\_

f. Improve flexibility \_\_\_\_\_\_\_\_\_

g. Increase strength \_\_\_\_\_\_\_\_\_

h. Increase energy levels \_\_\_\_\_\_\_\_\_

i. Enjoyment \_\_\_\_\_\_\_\_\_

Any other comments:

## Stress

9. Rate yourself on a scale of 1 – 10. (1 being calmest 10 suffering badly)

1 2 3 4 5 6 7 8 9 10

What situations make you feel stressed?

10. How do you relax?

## Diet

11. Do you think you eat a healthy diet?

12. Do you eat breakfast?

13. Do you snack in between meals and if so what do you have?

14. Do you think you eat more than you need?

15. How many calories do you think you consume in a day?

16. How many litres of water do you drink in a day?

## Weight

17. Do you consider yourself overweight?

18. If yes, how much would you like to lose?

19. Is the rate at which you lose weight important to you?

## Stress and enjoyment of life:

Because stress has a direct effect on your overall health and wellbeing that often leads to illness, immune system dysfunction, and emotional disorders, it is important that we are aware of any stressful influences that may be impacting your health. Informing us allows us to offer you supportive treatment options and optimize the outcome of your health care.

24. Are you overall happy? Yes\_\_\_\_ No\_\_\_\_

|  |
| --- |
| 25. Do you feel you can easily handle the stress in your life? Yes \_\_\_\_ No \_\_\_\_\_ |

If no, do you believe that stress is presently reducing the quality of your life? Yes\_\_\_\_ No\_\_\_\_

If yes, do you believe that you know the source of your stress? Yes\_\_\_\_ No\_\_\_\_

If yes, what do you believe it to be?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 26. How well have things been going for you?  Choose up to five different areas of your like, eg. Family, work, fitness… I included ‘yourself’ for you. | | | | | |
| How are things going for you with… | **Very well** | **Fine** | **Poorly** | **Very poorly** | **Does not apply** |
| Yourself |  |  |  |  |  |
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## Nutrition

1. Was a significant amount of your diet as a child high in fatty foods and sugar?
2. How many times a week do you eat sweets/confectionary?
3. How many teaspoons of sugar do you add to food/drinks each day?
4. Do you use salt in your cooking?
5. Do you add salt to your food?
6. How many caffeinated drinks do you drink each day (coffee, cola, tea, hot chocolate?)
7. How many times a week do you have meals containing fried food?
8. How many packets of 'instant', ready meals or fast foods do you eat each week?
9. How many portions of fruit do you eat daily*? (A portion = a palm)*
10. How many portions of vegetables do you eat daily? *A portion = a palm)*
11. Do you normally eat white or brown rice, bread, pasta?
12. How many cans of food do you eat per week?
13. How many portions of wheat-based foods do you eat per week?

*(Pasta, bread, cous cous, breakfast cereals)*

1. How many times do you eat dairy (cow’s milk/cheese/yogurt) each week?
2. How many times a week do you eat red meat? *(beef, pork, lamb or game)*
3. How many times a week do you eat poultry? *(poultry)*
4. How many times a week do you eat fish?
5. What fat do you usually cook with? (e.g. butter, olive oil ..)
6. What kind of water do you drink? (bottled, filtered, tap)
7. Do you frequently eat under stressful conditions or on the move?
8. Does your job involve eating out a lot?
9. Do you chew your food well?
10. Do you usually do something else whilst eating (e.g. watch TV, sit at computer?)
11. How much water do you usually drink each day?
12. How would you describe your appetite?
13. Do you regularly diet for weight control?
14. Have you ever suffered from an eating disorder?
15. Do you follow any special diet (e.g. vegan, vegetarian, gluten free) and if so why?
16. Do you avoid any other foods, if so why?
17. Who does the cooking in your household?
18. Which foods do you crave?

### If you would like to add any to any questions above, please do so here or if you would like to add any other comments:

# Thank you for completing this questionnaire

# Kirsty

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