

Basic Information

Last Name: _____ First Name: _____ Age: _____ Gender: _____ Ethnicity: _____

Address: _____

Phone #: _____ Cell Phone #: _____ Work #: _____

Email Address: _____

How many people live in your home (household size)? _____

What is your highest level of education? (check one):

Some High School High School Diploma Some College Bachelors Degree Post-graduate

What is your yearly household income?

___ Less than \$15k ___ \$15k-\$39k ___ \$30k-\$45k ___ \$45,000-\$60k ___ \$60k-\$75k ___ \$75k-\$90k ___ more than \$90k

Personal Information

Why did you come to Happi Lives? What do you hope to get out of the program? _____

What is your current weight? How much do you want to weigh? _____

Have you put yourself on a diet this year? If so, About how many times have you gone on a diet to lose weight during the last year?

Never 1-2 3-5 6-8 9-11 12 or more

Are you/have you been a yo-yo dieter? If so, when was the last time you have yo-yo dieted? _____

Have you/do you have food issues (i.e. bulimic, anorexic, over-eating, etc.)? Are you still currently struggling with them? _____

Health Information

Do you have high cholesterol? What are your cholesterol levels? _____

What is your heart rate? _____

What is your blood type? _____

What is your blood pH level? _____

What are your minimum daily metabolic needs? _____

Have you ever had thyroid issues, or any other illnesses that would mess with your metabolism? _____

Have you ever been hospitalized because of dietary/stomach issues? _____

Do you have any medical issues I should know about (Gluten-Intolerant, Diabetes, etc.) _____

Do you have any other medical issues that I should know about, severe or otherwise (Diabetes, Cancer, Lung Disease, etc)? _____

Do you have heartburn (mild-severe)? _____

Do you smoke cigarettes now? _____

IF YES, on the average, about how many cigarettes a day do you smoke now? _____

1-5 6-14 15-24 25-34 35 or more

Food Information

What is your food budget? How much do you spend on food-items? (includes both groceries and eating out) _____

Approximentially, how often do you eat out? _____

How much do you spend on eating out in a week? In a month? _____

What restaurants do you usually frequent? _____

How often do you go to them in a week? In a month? _____

What is your favorite restaurant? What is your favorite meal at this restaurant? _____



How often do you buy coffee/tea in a week? What is your favorite coffee/tea-drink? _____

How often do you buy groceries in a month? _____

How much do you spend on groceries in a week? In a month? _____

Do you plan on these budgets staying constant, or do you want to change? For example, eat out less, cook in more, etc. _____

Based on the following, rank the items purchased most frequently: (1=most frequent, 15=least frequent, 00=never)

- | | | |
|---|-------------------------|---|
| ___fruits | ___vegetables | ___carbohydrates *rice, bread, pasta, couscous, etc.* |
| ___beef, pork, lamb, etc. | ___chicken & turkey | ___fish/seafood |
| ___dairy | ___eggs & legumes/beans | ___snack foods *chips, crackers, cookies, etc.* |
| ___sugary beverages *gatorade, diet coke, etc.* | | ___alcoholic beverages |
| ___breakfast bars/cereals | ___protein/diet bars | |
| ___processed foods *soups, boxed meals, frozen meals* | | |
| ___vegetarian/vegan substitutes *tofu, tempeh, MorningStar/Boca products, etc.* | | |
| ___other (please specify): _____ | | |

List 5-7 things you always buy at the Grocery Store:

- | | | | |
|----|----|----|----|
| 1. | 2. | 3. | 4. |
| 5. | 6. | 7. | |

During the growing season, how often do you visit a local food source/farmer's market?

___Once a week ___Once a month ___Twice a month ___3-5 times a month Other (please specify): _____

How often do you purchase food labeled 'organic'?

___always ___frequently/regularly ___sometimes ___seldom ___never

When purchasing food, I do not care where it is grown.

___strongly agree ___agree ___no opinion ___disagree ___strongly disagree

Do you know how to read a nutrition label? _____

How often do you look at labels to see where a product is made or grown/check out the contents of a package?

___always ___frequently/regularly ___sometimes ___seldom ___never

Do you have any dietary concerns? (i.e. diabetic, gluten intolerant, allergies to certain foods-please list, vegetarian/vegan, etc.) _____

Food Preferences

What foods do you love? Why? _____

What foods do you hate? Why? _____

What is your favorite meal? Why? _____

What is your least favorite meal? Why? _____

What foods do you never want to see in a meal? _____

Do you have a meal you eat frequently/almost every day? _____

What is it, and why do you eat it so often? _____

Do you usually salt your food? _____

Rate your preference for spicy foods - bland/mild/moderate/very

Is it ok to use alcohol in your meals? _____

Do you have any favorite recipes? What are they? _____

Do you prefer home-style or gourmet meals? Or both? _____

Do you like International cuisine? (i.e. Mexican/Middle Eastern/Italian/Asian/Jewish/Indian, etc.) _____



What is your favorite genre of food? Least? _____

Do you have a sweet tooth? A salt tooth? Etc. _____

Describe a typical meal for you: _____

What is a meal that you can't say no too? _____

Do you often go to special events that have food at them? *includes office parties, business meetings, anniversaries, socials, meetings, birthdays/holidays, etc.* _____

Diet

What is, typically, your largest meal of the day? _____

How many meals (including snacks) do you usually have per day? _____

How many meals that include fresh fruit do you usually have per day? Per week? What kind of fruit do you frequently eat? _____

How many meals that include vegetables do you usually have per day? Per week? What kind of vegetables do you frequently eat? _____

How many meals that include carbohydrates, rice/pasta/bread/etc., do you usually have per day? Per week? What kind of carbohydrates do you frequently eat? _____

How many meals that include cereal do you usually have per day? Per week? What kind of cereal do you frequently eat? _____

How many meals that include legumes/beans do you usually have per day? Per week? What kind of beans/legumes do you frequently eat? _____

How many meals that include heavy meats (beef, pork, lamb, etc) do you usually have per day? Per week? _____

How many meals that include light meats (chicken and turkey) do you usually have per day? Per week? _____

How many meals that include seafood (fish, shrimp, scallops, etc.) do you usually have per day? Per week? _____

How many meals that include vegetarian/vegan substitutes (tofu, tempah, etc.) do you usually have per day? Per week? _____

How often do you drink/cook with whole milk per day? Per week? _____

How many meals that include low fat milk/cheese/yogurt do you usually have per day? Per week? _____

How many glasses of water do you drink per day? Per week? _____

How many glasses of juice do you drink per day? Per week? _____

How many bottles of gatorade/powerade/kool aid/etc. do you drink per day? Per week? _____

How many cans of soda do you drink per day? Per week? _____

How many cups of coffee/tea do you drink per day? Per week? _____

How often do you drink alcohol? How much (ex. 2 beers per day, 1 glass of wine, etc.) _____

How often do you eat dessert? _____

Exercise

Do you take supplements? ___yes ___no

If so, what kinds, and how often? _____

Do you exercise? ___yes ___no
If so, how often do you exercise? For how long? _____

What types of exercises do you do? _____

Do you think you need help with your exercise training? ___yes ___no

Are you seeing results with your current exercise training? _____

Do you enjoy your exercise training? ___yes ___no

What do you like/not like about it? _____

What is your favorite thing to do to work up a sweat? Least favorite thing? _____

Do you have a support system/exercise buddy you work out with? _____

Other

How often do you plan on going to the grocery store? _____

How many times per week do you actually plan on cooking? _____

Do you have necessary cooking essentials? (I.e. pots, pans, stove, dishes, etc.) _____

Any speciality cooking essentials that you want meals/recipes prepared for cooking in it? (I.e. wok, BBQ, crackpot, juicer, steamer, etc.) _____

What kind of portion size do you like? – small/medium/large _____

How do you want your food packaged? – single/double/family size/weeks worth/etc. servings _____

Any additional comments: _____

