

12 WEEK VEGAN PLAN QUESTIONNAIRE



This questionnaire is designed to provide the information required to create a personal nutritional plan specifically tailored to your needs. **All information provided is treated in the strictest confidence.** Please answer the questions as fully as possible (using additional sheets if necessary) and return the completed questionnaire to sharon@salisburynutrition.co.uk at least three days before your appointment

Profile

Title		Name		DOB	
Address					
Email:		Tel:		Mobile	
Occupation				Marital Status	

What would you most like to get out of the 12 Week Vegan Diet Plan?

Height	Weight	Is your weight	stable	increasing	decreasing
BMI	Blood Pressure (if known)				

Are you currently

Vegetarian		Eat Meat		Vegan	
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Do you have a partner, family members or friends who are vegan?

Partner	Yes		No	
Family member(s)	Yes		No	
Friends	Yes		No	

Lifestyle

Please rate the following using the scale below:

How motivated are you to change your diet/lifestyle?

HIGH MOTIVATION 1 2 3 4 5 6 7 8 9 10 LOW MOTIVATION

Do you take regular exercise if so what & when

Is your job/daily life active?

What do you do for relaxation/hobbies?

What time do you usually go to sleep/awake?

Do you have problems sleeping? If so please state

Do you currently take any supplements? Please state brand, reason and how long you have been taking them.

Eating Habits

What are your favourite foods?
Are there any foods that you dislike?
Do you avoid any foods for cultural/ethical reasons? If so, which ones
Are you sensitive/ allergic to any foods, if so, which ones
Are there any foods you crave and would find it difficult to live without?
Do any foods cause digestive problems? If so, which ones
Do you ever have eating binges, if so what do you binge on
Who does the cooking in your household?
Do you regularly eat organic <input type="checkbox"/> fruit <input type="checkbox"/> vegetables
What kind of bread, rice & pasta do you usually eat? Bread: <input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Wholemeal <input type="checkbox"/> Granary Pasta: <input type="checkbox"/> White <input type="checkbox"/> Wholemeal Rice: <input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Wild

Do you eat on the move/when stressed	Yes/No	Do you use salt in cooking/add it to your food?	Yes/No
Do you eat at regular times each day	Yes/No	Do you add sugar to your hot drinks? If yes, how many spoons per cup	
Do you regularly miss meals?	Yes/No	Do you enjoy cooking/food preparation	Yes/No
Do you eat when you're upset or nervous	Yes/No	Do you regularly eat with family/friends	Yes/No
Eat in front of the TV or computer	Yes/No	Eat sweets or salty snacks	Yes/No

Please tick the frequency of the foods you regularly eat

Meal	How often do you eat
Breakfast	Daily Most morning 2-3 times a week Seldom or never
Snacks	3 or more a day 1-2 a day Few times a week Seldom or never
Fatty Foods	4 or more a week 2-3 times per week 2-4 times a month Seldom or never
Vegetables & Fruits	5 or more a day 2-4 a day 1-2 a month Seldom or never
Takeaways/Fast Food	4 or more a week 2-3 times per week 2-4 times a month Seldom or never

How many times a week do you drink?

For alcohol consumption please state numbers of units consumed per week

(1 Unit = 1 small glass of wine, ½ pint Lager, Beer or Cider or 1 measure of spirits)

Red/White Wine		Beer/Lager/Cider	
Spirits		Canned Fizzy Drinks*	
Coffee		Tea	

*If Yes – please indicate brand(s) and whether full fat, low calorie below:

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Which cooking methods do you generally use?

Boiling Steaming Grilling Deep Fry Shallow Fry Baking Roasting Microwave

Physical Activity

What physical problems if any, limit physical activity?	
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How much do you enjoy physical activity		How Often do you take part in Exercise	
Not at all		6-7 times per week	
Moderately		3-5 times per week	
Greatly		1-2 times per week	
		A few times per month	

What Exercise do you enjoy & have participated in during the last 12 months

Walking (outside or indoors)	
Yoga (Hatha, Vinyasa, heated)	
Jogging/running	
Group exercise classes	
Biking (outside or indoors)	
Exercise at home (DVD, Amazon Prime etc)	
Tennis	
Badminton	
Squash	
Swimming	
Golf	
Strength training	
Other:	

Intensity		Time Spent	
Aerobic activities that result in heavy breathing and sweating (e.g. high impact aerobics, running, speed swimming, distance cycling)		Over 30 minutes	
Moderate aerobic activity (e.g. normal bike riding, jogging, low impact aerobics)		30 minutes	
Light aerobic activity (e.g. normal walking, golf)		Under 30 minutes	

3 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