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NUTRITION & WEIGHT PROFILE

	YOUR NAME			DATE
Basics				
	DATE OF BIRTH	HEIGHT	CURRENT WEIGHT	IDEAL WEIGHT
	What is the least you have weighed as an adult? What is the most you have weighed as an adult? How many times have you lost and regained weight? What types of diets have you tried?			
	Do you have parents or s	yes no		
	What obstacles are in the	e way of achieving your weigh	it goal?	
Food & Nutrition	What do you eat regularly? (check all that apply)			
	Breakfast	Lunch	Dinner	
	Mid-Morning Snack	Mid-Afternoon Snack	After Dinner Snack	
	What size portions do you normally have?			
	Small	Medium	Uncertain	
	Large	Extra Large		
	How often do you eat more than one serving?			
	☐ Never	Sometimes	Usually	Always
	Do you eat while doing other activities? (ex: watching tv, reading, working)			
	How often do you eat out each week?			



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How many times in a typical week do you eat or drink the following? _ cookies, cake, pie muffins fast food __ candy chocolate pizza doughnuts potato chips frozen meals ice cream fried food _ red meat _ cheese __ rice bacon/sausage butter eggs hot dogs/salami fruit _ mayonnaise _ chicken ____ peanut butter vegetables seafood nuts salad ____ cereal __ canned soup _ white bread ___ baked potato whole wheat bread pasta _ coffee soda _ fruit juices __ Coolatta/Frappuccino alcohol __ water _ whole milk/cream