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**NUTRITION QUESTIONNAIRE**

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**NAME:** \_\_\_\_\_ **CASE #:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**GOALS**

- Name your two main health goals: \_\_\_\_\_
- What number from 1 to 10 best fits your motivation to make lifestyle changes at this moment (1 the lowest and 10 the highest)? \_\_\_\_\_

**NUTRITION AND SUPPLEMENTS**

- List all supplements and brands you are currently taking: \_\_\_\_\_  
 \_\_\_\_\_
- Name any food cravings you have: \_\_\_\_\_
- Describe a typical day of yours regarding food intake: \_\_\_\_\_  
 \_\_\_\_\_
- Describe a typical weekend of yours regarding food intake: \_\_\_\_\_  
 \_\_\_\_\_
- Number of meals and snacks you consume regularly: \_\_\_\_\_  
 \_\_\_\_\_

**STRESS MANAGEMENT AND MINDFULNESS**

- Name your two main stress concerns: \_\_\_\_\_
- What number from 1 to 10 best fits your current stress levels (1 the lowest and 10 the highest)? \_\_\_\_\_
- What number from 1 to 10 best fits the way you eat (1 being a very slow eater and 10 being a very quick eater)? \_\_\_\_\_

**FITNESS**

- Name your two favorite fitness activities: \_\_\_\_\_
- Name your two main fitness limitations (if any): \_\_\_\_\_
- Number of days, type and time allotted to exercise: \_\_\_\_\_  
 \_\_\_\_\_