

# Lifestyle Solutions Questionnaire

## Prevent-Achieve-Maintain-Become

Please complete this confidential questionnaire and return to [activechiropractic@hotmail.com](mailto:activechiropractic@hotmail.com)

### General Information

Name: Age: Weight:

Employment: Company Name:

Describe your Job and Responsibilities:

Telephone: Mobile: Email:  
Home Address: City, State, Zip, Country

**Please answer the following questions with all the relevant details. As your *Lifestyles Solutions team*, we want to learn about your daily habits in order to keep what is working and guide you to make some changes that will help you live longer, feel better and look great. In answering this lifestyle questionnaire there are no right or wrong answers. In 11 questions we are trying to gain insight into your daily routine, your lifestyle and your needs, so you can effectively make use of *Lifestyle Solutions* to best fit your purpose.**

1. Please describe any medications or supplements you are taking, dosage and frequency. If you are taking medications please tell us for what (condition being treated). Do you have any food or other allergies? Either in the past or right now, do you have any injuries, past or future surgeries or conditions that we should know about for future adaptations in nutrition and exercise?

2. What is your daily routine for food intake? When do you eat, what do you eat and drink. How many meals a day, snacks do you eat, when do you eat them? Please include all food, snacks, and drinks. If possible I'd like to see a 7 day log of what you consume. Remember there is no right or wrong answer. This is a snapshot of your daily lifestyle.

3. What are your favorite foods? What are the sinful delights that you absolutely cannot live without – or would be extremely hard for you to cut out of your diet?

4. What are some of the healthier foods you dislike and any that you absolutely hate and would be extremely hard to eat?

5. Do you have a daily, weekly, monthly exercise routine? What is it?

6. When do you usually get your physical activity in, is it in the gym, at home, a sport, walking the dog, other?
  
7. What schedules are you working around? Work, school, kids activities, other.
  
  
  
  
  
  
  
  
  
  
8. Tell me a bit about your family dynamic, who's in the house, ages, work, school, extracurricular activities, responsibilities.
  
  
  
  
  
  
  
  
  
  
9. What do you want to accomplish and why? What are some of the obstacles keeping you from achieving your goal? What does success look like to you?
  
  
  
  
  
  
  
  
  
  
10. What is your purpose? How do health and wellness fit into that purpose? What would it mean to you to be *fit* for your purpose?
  
  
  
  
  
  
  
  
  
  
11. Please describe three key things/tools you'd like to learn and achieve from **Lifestyle Solutions**.