

#Moderation365 Assessment Questionnaire

Name: _____

Date of birth: _____

Date of assessment: _____

Reason for working with a trainer/nutrition coach: _____

How often do you exercise per week, and what kind of exercise? _____

How many diets have you tried in the past (educated guess)? (check one)

None 1-2 3-5 6-10 More than 10

What were some of the names of the diets or principles you followed?

If you had to guess, currently, what percentage of the day do you spend thinking about food (I.e. what you're going to eat, calories, macros, time of day, eating too much/too little, food prep, anxiety, etc.)? (check one)

0-20% 20-40% 40-60% 60-80% 80-100%

In the last 10 years, how many of those years have you tracked or measured your food/eating? (check one)

Never 1-3 years 4-6 years 7-9 years Every year

How many times (about) have you lost and then regained weight in the last 10 years? (check one)

Never 1-2 times 3-5 times 6-10 times 10+ times

Do you experience food anxiety? For example, do you worry about food situations at other people's houses, while traveling, worry there's not going to be enough food places, worry you'll get hungry, worry about food options available, food scarcity, etc? (check one)

No food anxiety A little food anxiety A ton of food anxiety

Have you ever found yourself stressed out by food rules? Are you always looking for more nutrition information and seeking out new diets, books and experts? (check one)

Hardly ever Sometimes Most of the time

How often do you feel guilty or experience shame about your eating? (check one)

Hardly ever Off and on All the time

