

Health & Fitness Profile Recap

NUTRITION

1. How would you rate your nutrition level? (1=very low, 10=excellent): _____
2. Do you know how many calories you eat in a day? YES NO
If yes, how many? _____
3. List (3) areas of your eating habits that you would like to **improve!**
(1) _____
(2) _____
(3) _____
4. How many times, on average, do you eat out during the week? _____
5. (a) Do you plan your meals daily or weekly or not at all? _____
(b) Do you shop for your own food? _____
(c) Do you cook your own meals? _____

LIFESTYLE

1. Rank the following items from 1-9 in order of HIGH to LOW priority (1=high priority and 9=low priority):

Family	Work/Business	Financial Status
Health (mental/physical)	Physical Fitness	Self Esteem
Home	Knowledge/Education	Friends
2. How would you rate your stress level (1=very low, 10=extremely high) _____
3. List your 3 biggest sources of stress?
(1) _____
(2) _____
(3) _____

