



Meal Planning Questionnaire

Full Name

Date Of Birth

Please list any food allergies.

Please list any food intolerances.

Please list any medical conditions or health concerns.

What is your biggest challenge when it comes to eating healthy food as part of your lifestyle?

Planning / Shopping / Preparing (circle all that apply and describe below)

How stressed or frustrated are you feeling with food and cooking? (1-least stressed/10 I'm over it!)

1 2 3 4 5 6 7 8 9 10

How many meals are you looking to plan for? (ex. 1,2,3 days etc.)

What meals are you looking to plan for? (ex. breakfast, snacks, lunch, dinner or All)

What type of meal plan are you looking for?

- Basic : (includes both plant and animal-based protein)
- Vegetarian : (circle all that apply) eggs / dairy / fish

List any foods you strongly dislike and DO NOT want in your plan.

List any foods you enjoy or would like to include MORE of in your plan.

Do you exercise regularly? (circle one) YES / NO

Please describe what type of workout you do, for how long and how often

Would you like meals/snacks planned to optimize your workout routine?

What is your goal for our meal planning session?

Additional comments.

Please submit completed form to Jessica Braadt at ChangesMealPrep@gmail.com

www.changesnutrition.net