

# Nutrition and Lifestyle Habits Questionnaire

## Personal Information

Name

Age

Gender

## Nutrition Habits

How many meals do you eat per day?

Do you follow any specific diet?

How often do you consume fruits and vegetables?

- ☐ Daily
- ☐ Few times a week
- ☐ Rarely

Any food allergies or intolerances?

## Lifestyle Habits

How often do you exercise per week?

Average hours of sleep per night

Do you smoke?

- ☐ Yes
- ☐ No

Do you consume alcohol?

- ☐ Yes
- ☐ No

## Additional Comments

