



CLIENT DIET ASSESSMENT FORM

CLIENT INFORMATION

Name:

Date:

Please answer the following questions by ticking either YES or NO.

Score 1 point for every YES answer.

Score 0 points for every NO answer.

At the end, add up your total score.

! A higher score may indicate areas of your diet or lifestyle that could be improved for better health and performance. Your coach or nutritionist will review this with you.

QUESTION	Yes	No
• Do you add sugar to food or drink almost every day?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you eat foods with added sugars almost every day?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you use large amounts of salt in your food?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you drink more than one cup of coffee most days?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have caffeinated drinks after 4pm?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you smoke more than five cigarettes a day?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you take recreational drugs?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you drink more than 10 Oz (28g) of alcohol a day? (1 glass of wine, 1 pint or 600ml of beer, or 1 measure of spirits)	<input type="checkbox"/>	<input type="checkbox"/>
• Do you eat fried food more than twice a week?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you eat processed 'fast-food' more than twice a week?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you eat processed meats more than twice a week? (such as sausages, ham or smoked salmon)	<input type="checkbox"/>	<input type="checkbox"/>
• Do you often eat foods containing additives and preservatives?	<input type="checkbox"/>	<input type="checkbox"/>

- Do you eat chocolate, pastries or sweets more than twice a week? ☐ ☐
- Does less than a third of your diet consist of fruit and vegetables? ☐ ☐
- Do you drink less than ½ pint (300ml) of plain water each day? ☐ ☐
- Do you normally eat white rice, flour or bread rather than wholegrain? ☐ ☐
- Do you have less than a pint (approx.0.6litres) of milk or yogurt a week? ☐ ☐
- Do you eat more than four slices of bread a day, on average? ☐ ☐
- Are there some foods you feel 'addicted' to? ☐ ☐
- Do you eat oily fish less than twice a week and/or seeds less than daily? ☐ ☐

Total Score:

Client Diet Score and Recommendations

- **0-4:** Your client is a health-conscious individual and the minor indiscretions are unlikely to affect his or her health. Provided your client supports his or her diet with the essential vitamins and minerals, together with the advice that you will learn throughout this course, he or she can look forward to a long and healthy life.
- **5-9:** Your client is on the right track, but should now try to be more aware of what they are eating. Rather than giving up bad habits all at once, help your client set short term goals. Aim to have your client's score below 5 within three months.
- **10-14:** Your client's diet is not good and you will need to help them make some changes in order to be able to enjoy better health. Encourage your client to take one step at a time. You should aim to help your client reduce their score down to 5 within six months. Start to motivate your client with healthy eating tips. You will find that some of your client's bad dietary habits will change for the better as he or she receives your encouragement. The bad habits that remain should be dealt with one at a time. Make sure you remind your client that sugar, coffee, pastries, sweets, chocolate, tobacco and alcohol are all addictive. Your client's cravings for them will dramatically decrease or go away altogether after one month without them.
- **15-20:** There is no way your client can continue to eat like this and remain in good health. Your client is consuming far too great a quantity of fat, refined foods and artificial stimulants. Encourage your client to follow healthy eating tips. This client needs your support and motivation for a longer period of time to make gradual and permanent changes to his or her lifestyle. Your client may feel worse for the first two weeks, but within a month he or she will begin to feel the positive effects of healthy eating.

APOCALYPSE FITNESS LIMITED

COMPANY NUMBER: 12821806

TRAINER/NUTRITIONAL ADVISOR: TERRI HOULTON

EMAIL: terri@apocalypsefitness.co.uk

WEBSITE: WWW.APOCALYPSEFITNESS.CO.UK MOBILE: 07854 845685