Meal Planning Questionnaire

How many meals are you looking to plan for?

__________________________________________________________________________________________

Please list any food allergies.

__________________________________________________________________________________________

Please list any food intolerances.

__________________________________________________________________________________________

Please list any health conditions I should be aware of.

__________________________________________________________________________________________

What type of meal plan are you looking for?

☐ Basic whole foods plan (includes both plant and animal-based protein)
☐ Vegetarian plan, plus (circle all that apply)   eggs   dairy   fish

Will this plan be just for you or others? If others, how many people?

__________________________________________________________________________________________

List any foods you strongly dislike and do not want in your plan.

__________________________________________________________________________________________

List any foods you especially enjoy or would like to include more of in your diet.

__________________________________________________________________________________________

© 2017 Shelly Rose. All Rights Reserved. www.purerootsnutrition.com
Are you willing and able to commit to give 2-3 hours towards food prep each week? (circle one)  
Yes    No    If no, what can you give? ________________

Do you enjoy cooking? __________________________________________________________

If you exercise regularly and would like meals/snacks planned to optimize your workout routine, please describe what type of workout you do, how often, and for how long.

______________________________________________________________________________

______________________________________________________________________________

What is your biggest challenge when it comes to planning, shopping, preparing, and eating healthy food as part of your lifestyle?

______________________________________________________________________________

______________________________________________________________________________

How stressed or frustrated are you feeling with food and cooking? (circle one; 1 = no stress, 5 = moderately, 10 = highly, help me!)

1  2  3  4  5  6  7  8  9  10

What is your goal for our meal planning session?

______________________________________________________________________________

______________________________________________________________________________

Anything else I should know?

______________________________________________________________________________

______________________________________________________________________________

Please send completed questionnaire to Shelly@purerootsnutrition.com at least 2 days prior to your appointment. Payment is requested prior to appointment and can be made here.

© 2017 Shelly Rose. All Rights Reserved. www.purerootsnutrition.com