

Lifestyle

Questionnaire

"Tell me, what is it you
plan to do with your one
wild and precious life"

Mary Oliver

BY KATE DRUMMOND

The *Purposeful* Life



The questions on the following pages are designed to maximise every second of our upcoming sessions, so the more you feel you are able to answer the greater the benefit we will receive. If however, you do not feel ready at this stage to answer any of the questions, please just leave them blank. The answers you do give will be a fantastic way to record the starting point of your journey and enable me to develop a bespoke program, tailored specifically for you.

*"There are three solutions to every problem: accept it,
change it, or leave it. If you can't accept it, change it. If you can't change it,
leave it."*

Buddha

About you

Name:

Address:

Telephone no:

E mail:

Gender:

Relationship status:

Date of birth:

Height:

Weight:

Dependents:

Pets:

Current employment status & description:

Medical notes

Has your Doctor ever said, your blood pressure was too high or too low?

Yes **No**

Do you have any known cardiovascular problems (abnormal ECG, previous heart attack, etc)?

Yes **No**

Has your Doctor ever told you that your Cholesterol was too high?

Yes **No**

Have you (or a family member) ever been told that you have Diabetes?

Yes **No**

Do you have any injuries or orthopaedic problems (back, knees, etc)?

Yes **No**

Do you have stiff or swollen joints?

Yes **No**

Do you have tension or soreness in any area?

Yes **No**

Are you pregnant or post-partum (< 6 weeks)?

Yes **No**

Medical notes...

Are your Periods regular?

Yes **No**

Are you Perimenopausal?

Yes **No**

If yes please describe symptoms

Yes **No**

Are you Menopausal?

Yes **No**

If yes please describe symptoms

Are you taking any prescribed medications or dietary supplementation?

If yes please list

Have you ever been advised by a doctor, physician or specialist not to perform any type of exercise/activity?

Do you have any other medical condition, injury or anything else we should be aware of that we have not mentioned?

nutrition

What is your eating pattern? what times? are they regular?

Breakfast:

Lunch:

Dinner:

Snacks:

How would you best describe your eating lifestyle for example: Vegetarian, Keto, Vegan, Mediterranean?

Is there an eating lifestyle you would like to adopt?

What foods do you love?

What foods do you dislike?

Do you have any allergies or intolerances?

Do you cook?

Do you like cooking?

What is your relationship with Sugar?

Do you emotion eat?

Do you suffer from any of the following:

Indigestion

Gas

Bloating

Tiredness after eating

Do you regularly drink water? if so how much daily?

Do you drink alcohol? if yes...what is your tittle and how much do you consume? If no have you ever drunk alcohol? If yes... when and why did you stop?

Activity

What type of activity do you enjoy?

What type of activities do you dislike?

Do you currently partake in any form of activity?

Do you prefer being outside? in a group? or at home?

Is there an activity you would like to learn?

When you felt your strongest what activity were you doing?

When you felt your happiest what activity were you doing?

Yes **No**

Do you carry out any form of activity which elevates your heart rate?

If yes please list, the activity, how often and for how long

Sleep

What is your sleep routine:

Sleep time?

Wake time?

Do you fall asleep before you go to bed?

Do you watch tv or a digital device in bed?

Do you sleep well?

Do you wake during the night?

How do you feel when you wake in the morning?

Mentally:

Emotionally:

Physically:

Do you wake before an alarm?

Do you use mood lights?

Activity

In a few words describe each of your important relationships in your life:

Partner, Children, Parents, Siblings, Other Family Members, Friends, Other.

How would these important people in your life describe you?

Would you describe yourself as introvert or extravert?

Do you have a small or large group of friends?

Do you have many different groups of friends?

Self-Care & Personal Growth

Please list below all and any activities you currently practice under the following headings

Spiritual

This doesn't have to be religious, examples are Meditation, Self-Reflection, Mindfulness, Yoga.

Emotional

Activities that help you connect, process and reflect such as, Journaling, Painting, Playing an Instrument.

Practical

Activities that prevent stressful situations in life Financial planning, Meal Planning, De-cluttering.

Social

Activities that nurture and deepen relationships, Dates with friends, Dates with Partners, Making time for family.

Mental

Activities that stimulate your mind, Reading, Crosswords, Jigsaws, learning something new.

Thank you for taking the time to complete this questionnaire

I am looking forward to guiding you on your journey towards creating a life you love

Kate xx