PROGRESS STRENGTH & HEALTH

PREMIUM COACHING — STRENGTH · HYPERTROPHY · RECOMPOSITION

CLIENT TOOL TO COMPLETE AT HOME

QUESTIONNAIRE

NUTRITION & 3-DAY FOOD LOG

Habits, food frequencies and a 3-day food log,
to complete before your nutrition consultation.

Confidential document — for client use only

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BEFORE YOU START

HOW TO COMPLETE THIS DOCUMENT

This questionnaire lets us build your nutrition plan from what you actually eat, not what you think you eat. Allow about 45 minutes for the first parts, followed by a 5-day food log.

RULES TO MAKE THIS QUESTIONNAIRE USEFUL

1. Do not change your habits during the 5 days: the goal is not to be a “good student” but to see your diet as it really is.
2. Write things down as you go, not from memory in the evening: forgetting snacks, drinks and “little bites” is the most common mistake.
3. Specify quantities: in grams if you have a scale, otherwise in simple measures (tablespoon, bowl, handful, slice, palm-sized portion). A photo of the plate is the best help.
4. Include everything: drinks, alcohol, sauces, cooking oil, sugar in coffee, supplements.
5. Choose 5 days: 3 weekdays, including at least 2 training days, and 2 weekend days. They do not need to be consecutive.

EXAMPLE: INCOMPLETE OR COMPLETE?

INCOMPLETE: unusable	COMPLETE: usable
7:45 am *Bread, butter, jam, chocolate milk*	7:45 am · kitchen · seated · why: habit · hunger 3 2 slices of white country bread, thinly scraped butter, 1 heaped tbsp of jam (brand XY, 4 fruits), 1 cup (200 mL) of whole milk + 1 sugar lump + 2 level tsp of cocoa powder

CONTENTS

1	Identification, nutrition goal, likes and dislikes	complete once
2	Habits and context	complete once
3	A typical day: time spent per activity	complete once
4	Food consumption frequency	complete once
5	Cooking and fats	complete once
6	Hunger and eating behavior	complete once
7	5-day food log	complete daily

TO BRING TO THE CONSULTATION

☐ This completed document

☐ Your recent blood test results ☐ A list (or the boxes) of your medications and supplements

The information in this document is confidential and used solely for your coaching.

PART 1

IDENTIFICATION AND NUTRITION GOAL

Your full file (health, history, allergies, medications, supplements, measurements) is in the Initial Assessment Questionnaire: it does not need to be repeated here.

Last name		**First name**	
Date of birth		**Today's date**	

Your main nutrition goal

How do you feel about your current diet? ☐ Very poorly ☐ Rather poorly ☐ Average ☐ Rather well ☐ Very well

Likes and dislikes

What you like	What you cannot stand

PART 2

HABITS AND CONTEXT

Eating is: ☐ a pleasure ☐ a need ☐ a chore
You prefer: ☐ savory ☐ sweet ☐ both
You are: ☐ a light eater ☐ an average eater ☐ a big eater
You eat: ☐ quickly ☐ at a moderate pace ☐ slowly
Snacking: ☐ never ☐ sometimes ☐ often

If you snack: what and when	
Grocery shopping and meal preparation (who?)	
Restaurant (times/month)	
Fast food (times/month)	
Snack bar / sandwich shop / takeaway (times/month)	
Invitations, outings, business meals (times/month)	
Alcoholic drinks (times/month)	

PART 3

A TYPICAL DAY

Distribute the 24 hours of your usual days. The total of each column must equal 24 h.

Activity	Work day	Rest day	Training day
A. Lying down: sleep, nap, resting lying down			
B. Seated: meals, transport, desk work, screen time, reading			
C. Standing, light activity: showering, cooking, shopping, housework, short trips			
D. Moderate activity: walking, gardening, recreational exercise, active standing work			
E. Vigorous activity: brisk walking, cycling, high-intensity physical work			
F. Sport training: strength training, running, team sports, intense sessions			
G. Competition			
Total	**24 h**	**24 h**	**24 h**

Meal pattern

Meal	Usual time	Usual composition	Place / context (home, office, car...)
Breakfast			
Mid-morning snack			
Lunch			
Afternoon snack			
Dinner			
Evening snack			

PART 4

CONSUMPTION FREQUENCY

Tick the box that matches your diet over the last 3 months, choosing the option that best describes what you usually do (not the exceptions). One drink = 150 mL of wine, 250 mL of beer or 25 mL of spirits. One portion of cheese = about 30 g.

DRINKS	
Water (still or sparkling)	☐ < 0.5 L/day ☐ 0.5–1 L/day ☐ 1–2 L/day ☐ 2–3 L/day ☐ > 3 L/day
Fruit juice (fresh or packaged)	☐ none ☐ 1 glass/day ☐ 2–3 glasses/day ☐ 4+ glasses/day
Sugary drinks (soda, syrup, lemonade)	☐ none ☐ 1 glass/day ☐ 2–3 glasses/day ☐ 4+ glasses/day
“Diet” or “zero” drinks	☐ none ☐ 1 glass/day ☐ 2–3 glasses/day ☐ 4+ glasses/day
Sports / energy drinks (brand: ____)	☐ none ☐ 0.5 L/day ☐ 1 L/day ☐ > 1 L/day
Coffee, tea, herbal tea	☐ none ☐ 1 cup/day ☐ 2–3 cups/day ☐ 4+ cups/day
Sugar per cup	☐ none ☐ 1 lump / tsp ☐ 2 ☐ 3+
Milk in hot drinks	☐ none ☐ skimmed ☐ semi-skimmed ☐ whole ☐ plant-based
Wine	☐ never ☐ < 1 / wk ☐ 1–3 / wk ☐ 4–6 / wk ☐ 1 / day ☐ 2+ / day
Beer	☐ never ☐ < 1 / wk ☐ 1–3 / wk ☐ 4–6 / wk ☐ 1 / day ☐ 2+ / day
Aperitifs, spirits	☐ never ☐ < 1 / wk ☐ 1–3 / wk ☐ 4–6 / wk ☐ 1 / day ☐ 2+ / day
FRUIT AND VEGETABLES	
Soups, vegetable juices	☐ lunch and dinner ☐ 1×/day ☐ every other day ☐ ≤ 1×/wk
Raw vegetables	☐ lunch and dinner ☐ 1×/day ☐ every other day ☐ ≤ 1×/wk
Cooked vegetables	☐ lunch and dinner ☐ 1×/day ☐ every other day ☐ ≤ 1×/wk
Share of vegetables on the plate	☐ ½ plate ☐ ⅓ ☐ ¼ ☐ less
Fresh fruit	☐ 2+ /day ☐ 1 /day ☐ every other day ☐ ≤ 1×/wk
Cooked fruit, compotes, dried fruit	☐ 2+ /day ☐ 1 /day ☐ every other day ☐ ≤ 1×/wk
STARCHES	
Type of bread / cereals	☐ whole-grain, multigrain ☐ semi-white ☐ white, refined
Amount of bread per day	☐ none ☐ < 3 slices ☐ 3–6 slices ☐ 6–9 slices ☐ > 9 slices
Rice, pasta, potatoes	☐ at every meal ☐ 1×/day ☐ 3–5×/wk ☐ ≤ 2×/wk
Share of cooked starches on the plate	☐ ½ plate ☐ ⅓ ☐ ¼ ☐ less
Breakfast cereal, muesli, flakes	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
Others (quinoa, bulgur, semolina, rusks...)	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
DAIRY	
Milk (cow / plant-based: ____)	☐ none ☐ 250 mL/day ☐ 500 mL/day ☐ > 500 mL/day
Yogurt, fromage blanc, skyr	☐ never ☐ 1 portion/day ☐ 2 portions/day ☐ 3+ portions/day
Cheese	☐ never ☐ 1 portion/day ☐ 2 portions/day ☐ 3+ portions/day
MEAT, FISH, EGGS, PLANT-BASED	
Total amount of meat / poultry / fish	☐ < 100 g/day ☐ ≈ 150 g/day ☐ ≈ 200 g/day ☐ > 300 g/day
Poultry (chicken, turkey)	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day

White meat (pork, veal, rabbit)	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
Red meat (beef, lamb)	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
Lean fish	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
Fatty fish (salmon, mackerel, sardine)	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
Eggs	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
Minced meat, ready meals (lasagne, pizza...)	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
Legumes (lentils, chickpeas, beans)	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
Tofu, tempeh, seitan, plant-based substitutes	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
Lean cold cuts (ham, turkey)	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
Fatty cold cuts (salami, pâté)	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
Protein powder	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
FATS	
On bread	☐ none ☐ butter ☐ margarine ☐ light ☐ other
Dressing (oil: ____)	☐ none ☐ oil ☐ vinaigrette, mayo ☐ cream
Nuts, seeds, nut butters	☐ never ☐ < 1 / wk ☐ 1–3 / wk ☐ 4–6 / wk ☐ 1 / day ☐ 2+ / day
Avocado	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
OCCASIONAL FOODS	
Fried foods (fries, chips, fritters)	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
Puff pastry, savory tarts	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
Sweet desserts (pastries, ice cream, puddings)	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
Viennoiseries, biscuits	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
Sweets, chocolate	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
Frozen meals, fast food, delivery	☐ never ☐ 1 / wk ☐ 2–3 / wk ☐ 4–5 / wk ☐ 1 / day ☐ 2+ / day
MISCELLANEOUS	
“Light” products (sugar, fat, alcohol)	☐ no ☐ sugar-free ☐ low-fat ☐ low-alcohol
Organic products	☐ always ☐ often ☐ sometimes ☐ rarely

PART 5

COOKING AND FATS

Usual cooking methods

Meat, poultry, fish: ☐ pan ☐ oven ☐ grill / barbecue ☐ steamed / boiled ☐ deep-fried
Vegetables: ☐ raw ☐ steamed / boiled ☐ pan / wok ☐ oven ☐ deep-fried

Fat used to cook meat, poultry, fish (which?)	
Fat used to cook vegetables (which?)	
Salt added at the table?	

PART 6

HUNGER AND EATING BEHAVIOR

Do you feel hungry? ☐ rarely ☐ before meals ☐ between meals ☐ often, even after eating
You skip meals: ☐ never ☐ sometimes ☐ often
Strong cravings (sugar, fat, salt): ☐ never ☐ sometimes ☐ often
You eat more when you are: ☐ stressed ☐ tired ☐ bored ☐ sad ☐ never affected
After meals, you feel: ☐ none ☐ bloating ☐ drowsiness ☐ burning / reflux ☐ digestive discomfort

Past diets

Diet or method	Period	Result	Why stopped?

Is there anything important about your diet that I have not asked you?

PART 7

5-DAY FOOD LOG

Record every food and drink at the moment it happens: time, place, what you ate and drank (type, brand, quantity, cooking method) and your hunger before eating, from 1 (not hungry) to 5 (very hungry).

Example: 12:30 pm · office · grilled chicken 150 g, rice 1 bowl (200 g cooked), broccoli 1 handful, 1 tbsp olive oil · water 50 cl · hunger 4 · "meal eaten quickly".

DAY 1 — date: ____ / ____ ☐ training day ☐ rest day ☐ weekday ☐ weekend

Sleep: bedtime ____ h · wake-up ____ h Water and zero-calorie drinks: ____ L Energy today (1–10): ____

Time	Place and posture (seated, standing, car...)	Foods and drinks (type, brand, quantity, cooking)	Why? (hunger, habit, craving, social, other)	Hunger before (1–5)

DAY 2 — date: ____ / ____ ☐ training day ☐ rest day ☐ weekday ☐ weekend

Sleep: bedtime ____ h · wake-up ____ h Water and zero-calorie drinks: ____ L Energy today (1–10): ____

Time	Place and posture (seated, standing, car...)	Foods and drinks (type, brand, quantity, cooking)	Why? (hunger, habit, craving, social, other)	Hunger before (1–5)

DAY 3 — date: ____ / ____ ☐ training day ☐ rest day ☐ weekday ☐ weekend

Sleep: bedtime ____ h · wake-up ____ h Water and zero-calorie drinks: ____ L Energy today (1–10): ____

Time	Place and posture (seated, standing, car...)	Foods and drinks (type, brand, quantity, cooking)	Why? (hunger, habit, craving, social, other)	Hunger before (1–5)

DAY 4 — date: ____ / ____ ☐ training day ☐ rest day ☐ weekday ☐ weekend

Sleep: bedtime ____ h · wake-up ____ h Water and zero-calorie drinks: ____ L Energy today (1–10): ____

Time	Place and posture (seated, standing, car...)	Foods and drinks (type, brand, quantity, cooking)	Why? (hunger, habit, craving, social, other)	Hunger before (1–5)

DAY 5 — date: ____ / ____ ☐ training day ☐ rest day ☐ weekday ☐ weekend

Sleep: bedtime ____ h · wake-up ____ h Water and zero-calorie drinks: ____ L Energy today (1–10): ____

Time	Place and posture (seated, standing, car...)	Foods and drinks (type, brand, quantity, cooking)	Why? (hunger, habit, craving, social, other)	Hunger before (1–5)

5-day review

Complete once the 5 days are finished.

Were these 5 days representative of your usual diet? ☐ yes ☐ rather ☐ no

What was different from usual	
What you forgot to record (in general)	
What surprised you while recording	
Questions for the consultation	