



Health Assessment Questionnaire

This Assessment was developed by The Venice Nutrition Medical Team from the experience of working with 1000's of members through the years. Our Medical Team has worked with a highly diverse group of members from all ages, goals, lifestyles, and medical challenges. The 14 question assessment below will enable us to accurately assess your current level of health

1. What goal(s) would you like to achieve?

- Decrease weight and body fat Increase muscle tone Increase energy Increase lean body (muscle mass)

2. Why do you want to achieve your goals?

3. What is your level of commitment to achieving your goals? Scale 1-10 (10 being the highest)

- 1 2 3 4 5 6 7 8 9 10

4. Are You Sleeping Well Throughout The Night And Do You Wake Feeling Rested?

- Yes No

5. How soon after waking do you consume your first meal of the day?

- 1 hour 2 hours 3 or more hours

6. On average, how many meals and snacks do you consume per day?

- 1 2 3 4 or more

7. How do you feel after most meals?

- Hungry Satisfied Full

8. Do you have sugar cravings, if so when? (check all that apply)

- Mid-Morning Mid-Afternoon At Night Never

9. How much water do you drink each day?

- 0-1 cups 2-3 cups 4-7 cups 8 or more cups

10. Which of the following supplements do you currently use? (check all that apply)

- Multi-Vitamin/Mineral EFAs (fish oil/flaxseed oil) Protein Powder/Protein Bar None of the Above

11. On a consistent basis, how often do you exercise per week?

- 0-1 days 2-3 days 4 or more days

12. During cardiovascular exercise, do you monitor your heart rate (walking, running, biking, etc)?

- Yes No I do not perform cardiovascular exercise

13. Do You Perform Resistance Training, if so which ones? (check all that apply)

- Weight Training Pilates Yoga Other None

14. How do you feel each day in regards to your health, energy, and overall wellbeing?

- Great Good Needs to be improved

