

# Questionnaire for Wellness Diets

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Known food allergies: \_\_\_\_\_

What is your wish/goal/focus? \_\_\_\_\_

(Why do you want to follow a wellness diet?)

How willing are you to change? \_\_\_\_\_

(Scale from 0-10, where 0 = "prefer no change", 10 = "whatever it takes")

Health 100% \_\_\_\_\_ Habits 100%

(Mark with an x on the line, what is most important to you)

How often do you cook yourself? approx. \_\_\_\_\_ times/week.

(From scratch [ ] partially from scratch [ ]) (mark the box with an x that applies for most of those days)

How often do you eat out? approx. \_\_\_\_\_ times/week.

(including canteen, cafe, restaurant, grill, etc.)

What are your 3 favorite dishes?

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

What are your 3 favorite drinks/beverages?

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

How much does the food you eat affect your overall quality of life?

(Indicate in % from 0-100%) \_\_\_\_\_ %

Possible time-investment for food-care available per day: \_\_\_\_\_ min. \_\_\_\_\_ hours.

Possible time available per week in total: approx. \_\_\_\_\_ min. \_\_\_\_\_ hours.