



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.

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](#).