



**LIFESTYLE  
PROFILE  
ANALYSIS**

## Holistic Success? How accomplished are you?

### ...Lifestyle Profile (including food and exercise) for analysis...

Please fill in the following lifestyle, food and exercise profile to the best of your ability, leaving blank anything you don't know (e.g. BMI).

After which, please complete the food diary for 3 consecutive days, with one day being a weekend (non-working day).

Once you have completed this, please scan/email back to me [anna@annaletitiacook.com](mailto:anna@annaletitiacook.com)

Once I have looked through it, I will send you the analysis of your current habits and way of life, together with guidelines on improvement. Obviously, once you have gone through it, I will be happy to advise you in greater depth on all aspects, if you are interested 😊

*Please note before completing this that you should not have any of the following conditions:*

- *Diabetes*
- *Eating disorders*
- *Crohn's disease*
- *Coeliac disease*

### Your Profile:

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Post code: \_\_\_\_\_ Height \_\_\_\_\_ Weight: \_\_\_\_\_  
Gender: \_\_\_\_\_ BMI: \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Occupation: \_\_\_\_\_ Marital status: \_\_\_\_\_



**Occupation**

Please provide a summary of the activities you perform at work, including the average number of hours you work per day and how many days per week.

**Stress**

Please provide an indication of the stress levels you feel, how often and normally due to what? (Both work or family/personal life related. What stress management techniques do you have, if any?

**Sleep**

How many hours do you sleep on average each night? Does this change at all during the week (for example business trips, weekends etc)? What is the quality of your sleep? How refreshed do you feel when you wake up?

**Hobbies and Pastimes**

Please provide a summary of the activities you like to perform in your spare time.

**Lifestyle Overview**

Please provide a brief summary of your lifestyle, including information relating to both social and work life



### **Goal Setting**

What are your 'general' goals, aspirations and expectations in relation to both lifestyle and career

### **Illnesses or disabilities**

Do you have any illnesses or disabilities that prevent or impact your daily life in any aspect? This can be anything that has any kind of effect on work, career, lifestyle, food, exercise or mindset...

### **Constraints or complications**

Do you have any constraints or potential complications that impact your daily life in any way? This can be anything that has any kind of effect on work, career, lifestyle, food, exercise or mindset...

### **Cigarette Use**

Do you smoke now? Have you smoked in the past? How many do you smoke, how long have you smoked for?

### **Alcohol Consumption**

Please provide a summary of your alcohol consumption. How many units per day/week, how do you consume these units (binge / evenly) and what do you drink?

### **Convenience Foods**

Do you eat convenience foods, including both takeaway meals and snacks? How often are these consumed and when are they most frequently purchased/ eaten?



### Nutritional Preferences

In the boxes below, provide a summary of your general nutritional likes and dislikes.

Likes

Dislikes

### Dietary Habits

1. How many meals do you eat away from the home each week?

2. Which restaurants (if any) do you frequently like to visit and how often?

3. Who purchases and/or prepares the meals in your home?

4. Do you use any nutritional supplements? If so, which supplements are used and in what quantity?

5. What beverages (tea, coffee, juice, carbonated etc) do you prefer and in what quantities and frequency are these consumed?

6. On average, how many meals per day do you eat?

7. Do you ever go long periods of time without eating? If so, please provide examples of when, where and why?

8. Describe your general attitude and perception towards foods. Do you crave particular foods regularly and if so, which?



### Exercise Profile

What exercises do you currently do?

Frequency:

Intensity:

Time:

Type:

### Physical Activity Profile

What is your overall level of physical activity in your normal week, including type of job, household chores, general running around for family, friends etc?

Frequency:

Intensity:

Time:

Type:

### Exercise and Activity History

Is there any difference between your current and previous level of physical activity/exercise, explain the reasons for these differences.

### Exercise Preferences

In the space below, list below exercises that you frequently enjoy and participate in.

### Goal Setting

What are your 'general' goals, aspirations and expectations in relation to both exercise and nutrition.



## Food Diary- Day 1

Date:

Day of Week:

Time	Name of Food	Quantity
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## Food Diary- Day 2

Date:

Day of Week:

Time	Name of Food	Quantity
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## Food Diary- Day 3

Date:

Day of Week:

Time	Name of Food	Quantity
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