**Full 40‑Question Intake Questionnaire**

1. What are your top three health goals?
2. What is your primary motivation for making these changes?

3. What is your current weight (kg)?

4. What is your goal weight (kg)?

5. What is your height (cm)?

6. What is your age?

7. What is your biological sex?

8. Please list any medical diagnoses.

9. List all current medications (include dose and frequency).

10. List all current dietary supplements (include dose and frequency).

11. Attach or list any recent lab results.

12. What time do you usually wake up and go to bed?

13. How many hours of sleep do you average per night?

14. Rate your perceived sleep quality (1–10).

15. Describe your occupational activity level (e.g., desk job, standing, manual labor).

16. Describe your structured exercise (type, frequency, minutes per session).

17. Approximately how many steps do you take per day (average)?

18. Rate your overall stress level (1–10).

19. List your top stressors.

20. Do you experience any digestive symptoms (bloating, reflux, IBS, etc.)?

21. List any food allergies.

22. List any food intolerances.

23. What are your favourite cuisines or foods?

24. Are there any foods you strongly dislike?

25. How many alcoholic drinks do you consume per week?

26. How much caffeine do you consume per day (mg)?

27. How much water do you drink per day (litres)?

28. Do you smoke or vape? If so, how often?

29. Briefly describe your diet history (previous programs or approaches).

30. What has worked well for you on past diets?

31. What challenges have you faced on past diets?

32. What situations or emotions trigger emotional eating for you?

33. How often do you experience cravings, and for what foods?

34. What is your typical meal timing (breakfast, lunch, dinner, snacks)?

35. How often do you eat out per week?

36. Are there any budget constraints that affect your food choices?

37. What kitchen equipment do you have available?

38. Describe your social support network (family, friends) for nutrition goals.

39. Rate your confidence in food-preparation skills (1–10).

40. Do you have any other concerns or questions about nutrition?