



**WORKBOOK**

# Personal Strategy QUESTIONNAIRE

**TO FILL UP YOUR NUTRITION PRACTICE WITH NEW CLIENTS**

# Personal Strategy Questionnaire for Nutritional Therapy Clients

Brought to you by The Health Sciences Academy<sup>®</sup>,  
the UK's largest online educator on nutrition science



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## Welcome to The Personal Strategy Questionnaire for Nutritional Therapy Clients!

You're likely here because you want to start or grow a career in nutrition, and you're not 100% certain how to do that. Yet.

So let me ask you this:

Do you want to help clients with their nutrition, but you're not sure where to begin?

If you answered yes, you're in the right place.

Below is the FIRST questionnaire that our Nutritional Therapist graduates use with a client to get clarity on their health goals and set a solid foundation for their nutritional program.

Use this questionnaire as your guide to better understand each new client and go FROM not knowing what they need, TO planning their first consultation with you.

**REMEMBER**, there's no wrong way to answer these questions, besides not answering them at all.

The Personal Strategy Questionnaire is a robust tool that'll help you dig deeper into your client's eating patterns and issues, so you can serve them more powerfully and facilitate real health improvements.

BONUS points if you print out this workbook and use your favourite pen to fill it up for yourself first!

Completing this exercise will also cause you to gain more clarity and resolution around those things that you'd like to accomplish yourself.

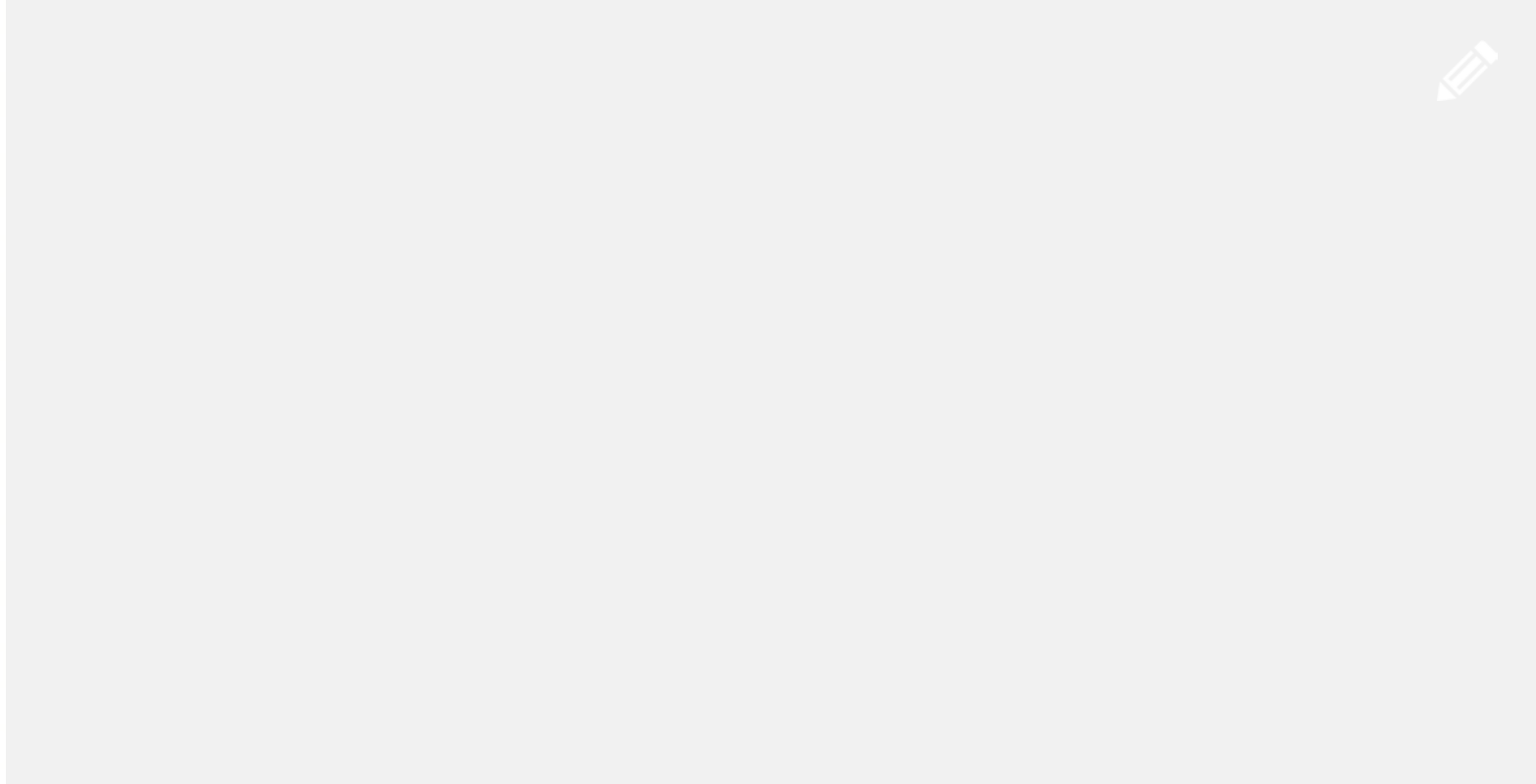
Ready? Good, let's go!

**Alex Ruani**

Research Director and Lead Scientist  
The Health Sciences Academy

Before we continue, it's important to get clear on why YOU **want to start or grow a career in nutrition...**


What's your personal motivation? What's inspiring you to make this happen? What's the story behind your new professional aspirations?


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On a scale of 1 to 10 (1 being the lowest and 10 the highest), how **confident** are you with helping clients with their nutrition?

1 2 3 4 5 6 7 8 9 10






What are three simple steps you can take to **reinforce** your confidence?













What skills, strengths or abilities would you need to develop and master in order to **become the best nutrition professional** that you can possibly be?

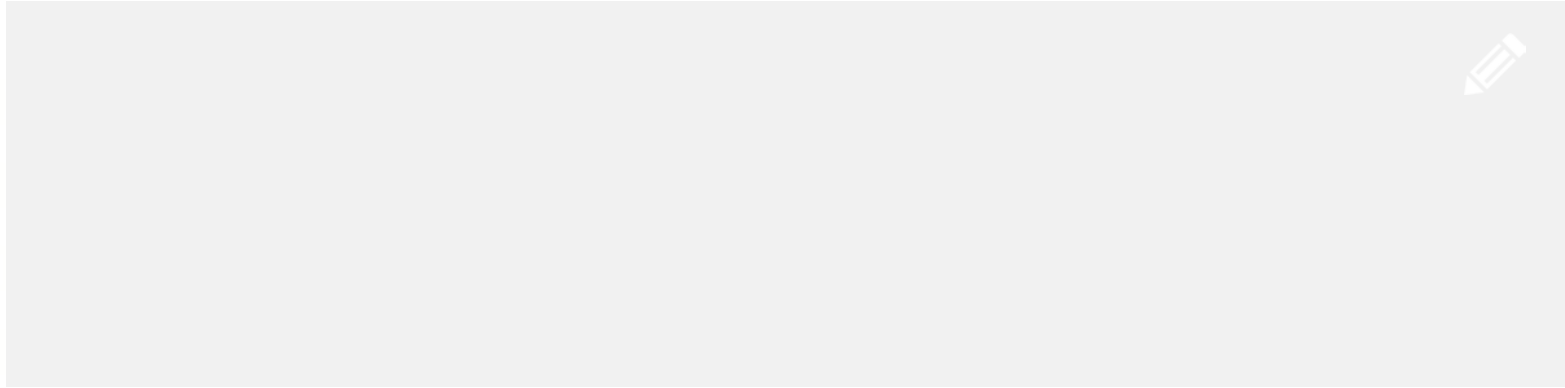


How would you **rate your knowledge** about:

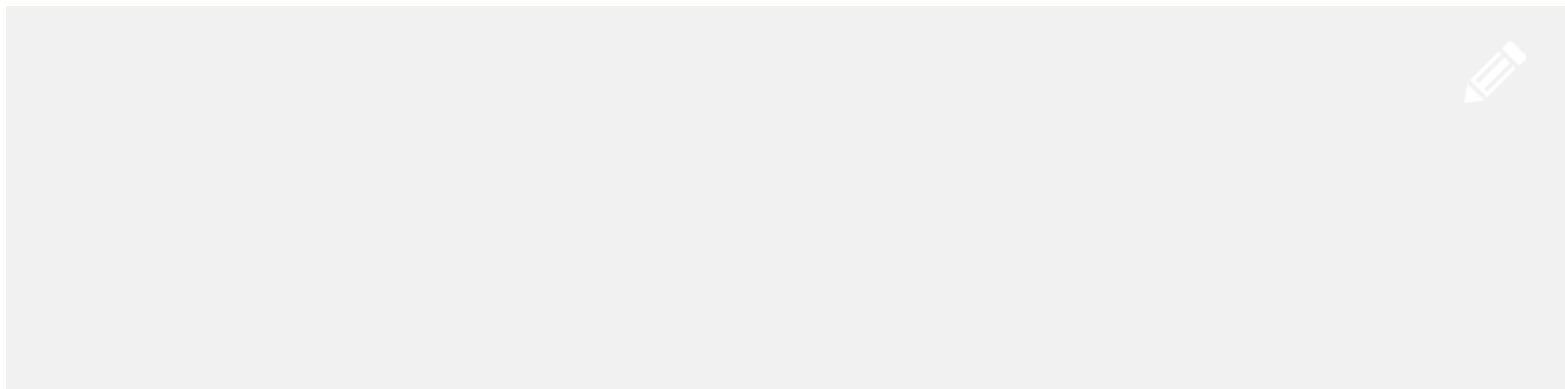
- Genetic adaptations to nutrition? 
- Assessing a person's antioxidant capacity? 
- Plant-based superfoods, polyphenols, phytochemicals, probiotics, and fibre for wellness and disease prevention? 
- Detecting and correcting nutrient deficiency risks? 
- Common health problems and their specific nutritional requirements? 
- Formulating a personalised eating plan to improve health symptoms? 



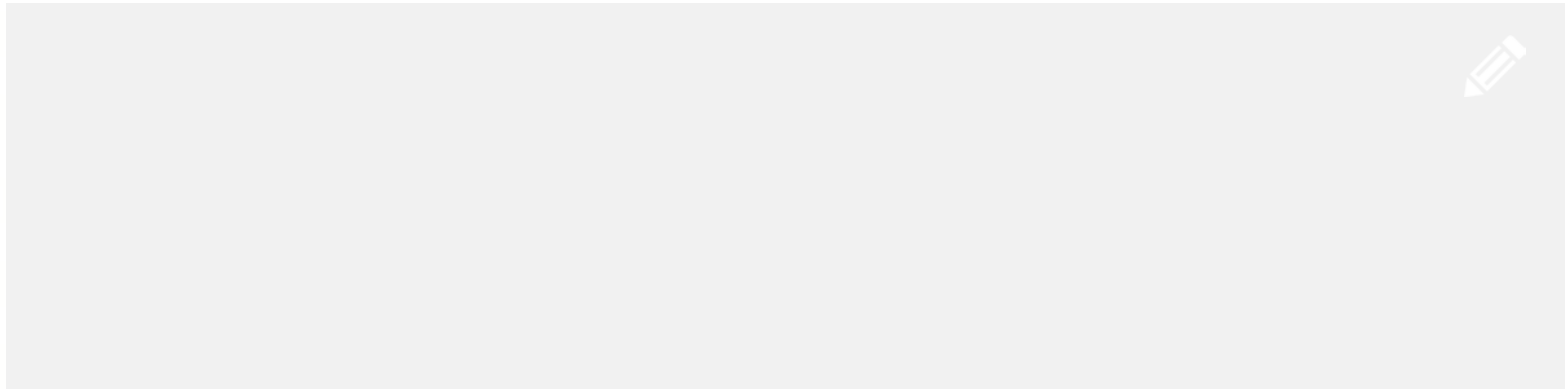
What would your average **day** look like in your nutrition practice?



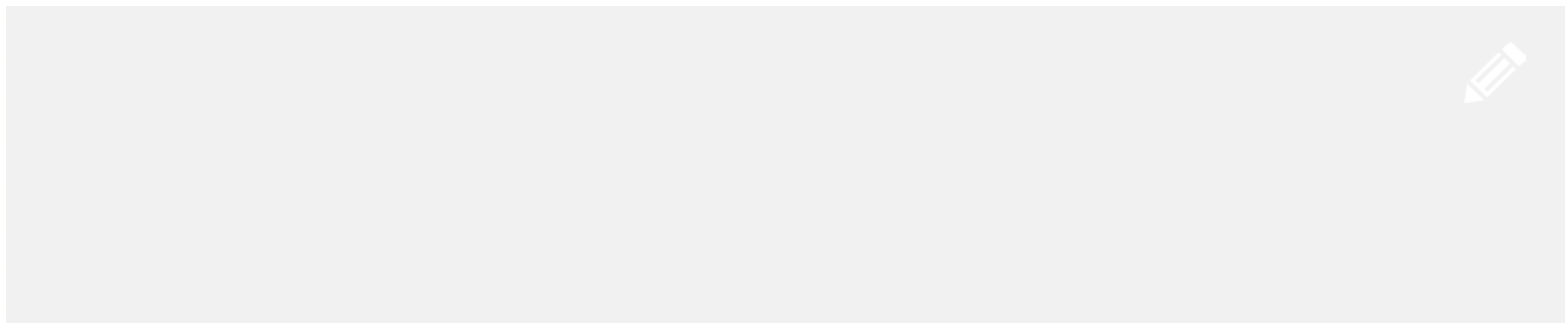
What might your **life** look like long-term, if you moved full steam ahead with a career in nutrition?




Does it feel **exciting** to do the work that'll be required of you to reach the level of success you desire in this field?




Are you willing to **invest** in your nutrition competencies to be one of the best, if not the best, in this profession?




What are three **essential steps** you can take to make all this a reality?



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## Helping Your Nutrition Clients

Now that we've mapped out your next big career plans, let's move onto gaining more clarity about each new client who will be more than happy to pay you for your dedicated nutritional advice.

As a first step, we're going to use the Personal Strategy Questionnaire presented on the next few pages.

Remember that each client is a real human being, and that they will look up to you as an inspiration, a guide, and an example.

So try to learn as much about a new client as you can, including their personal barriers, what motivates them, what discourages them.

**Bonus tip:** Test-drive this questionnaire by filling it up yourself first!

All set?

Good! Let's get to work.



# My Personal Strategy Questionnaire

Client Name: \_\_\_\_\_

Today's Date: \_\_\_ / \_\_\_ / \_\_\_

## Instructions



- 1 Please complete this questionnaire as honestly as you can. This is a judgement-free zone!
- 2 There are no right or wrong answers, and everything you share will be kept strictly confidential.
- 3 Once you have completed it, please return it to me so we can discuss your next steps.

## Getting to know you

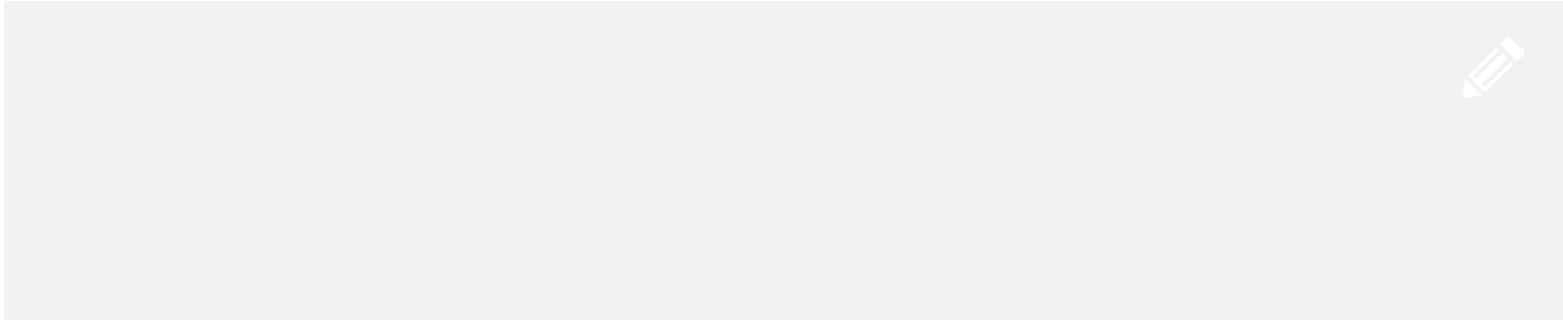
Please complete your details below:

- Name
- Email address
- Phone number
- Present occupation
- Date of birth
- Are you married or in a relationship?
- If you have children, how many of them still live at home with you?
- Do you have any pets?

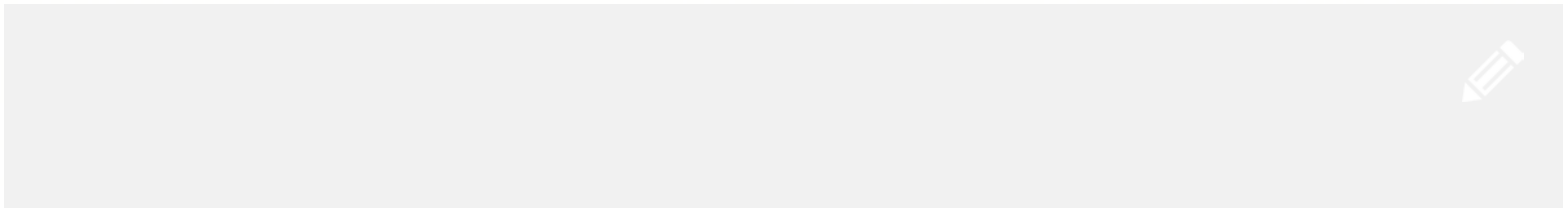
Are you currently experiencing any health issues, pain, uncomfortable physical symptoms, or mood problems?

**Yes** | **No**

If yes, please describe these issues (*Include whether you're seeing a doctor, and if you aren't, I suggest you make an appointment as soon as possible!*):


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Are you taking any medications? (*If yes, please indicate which ones*):


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What are three aspects of your **health** would you like to focus on?



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A large, empty rectangular box for writing the second response, with a small pencil icon in the top right corner.



A large, empty rectangular box for writing the third response, with a small pencil icon in the top right corner.

Which of the following **wellness goals** resonate most with you right now?

- Live longer and feel amazing
- Stop getting infections
- Alleviate physical pain
- Learn about any nutrient deficiency risks I may have
- Eliminate excess weight
- Improve my digestion
- Know which foods I need personally
- Strengthen my immune system
- Minimise negative health symptoms
- Feel happier and stronger in my body
- Increase my antioxidant protection
- Fight free radical damage
- Other: \_\_\_\_\_

How many portions of **fruits** do you eat daily? *(A portion is 80 grams):*

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| <input type="checkbox"/> None   | <input type="checkbox"/> 5 or 6     |
| <input type="checkbox"/> 1 or 2 | <input type="checkbox"/> 6 or 7     |
| <input type="checkbox"/> 3 or 4 | <input type="checkbox"/> 8 or 9     |
| <input type="checkbox"/> 4 or 5 | <input type="checkbox"/> 10 or more |

How many portions of **vegetables** do you eat daily? *(A portion is 80 grams):*

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| <input type="checkbox"/> None   | <input type="checkbox"/> 5 or 6     |
| <input type="checkbox"/> 1 or 2 | <input type="checkbox"/> 6 or 7     |
| <input type="checkbox"/> 3 or 4 | <input type="checkbox"/> 8 or 9     |
| <input type="checkbox"/> 4 or 5 | <input type="checkbox"/> 10 or more |

How would you rate your **grocery shopping basket** in the past 30 days? (1 being "pretty bad" and 10 being "quite healthy"):

10 radio button scale with numbers 1 to 10 below each button.

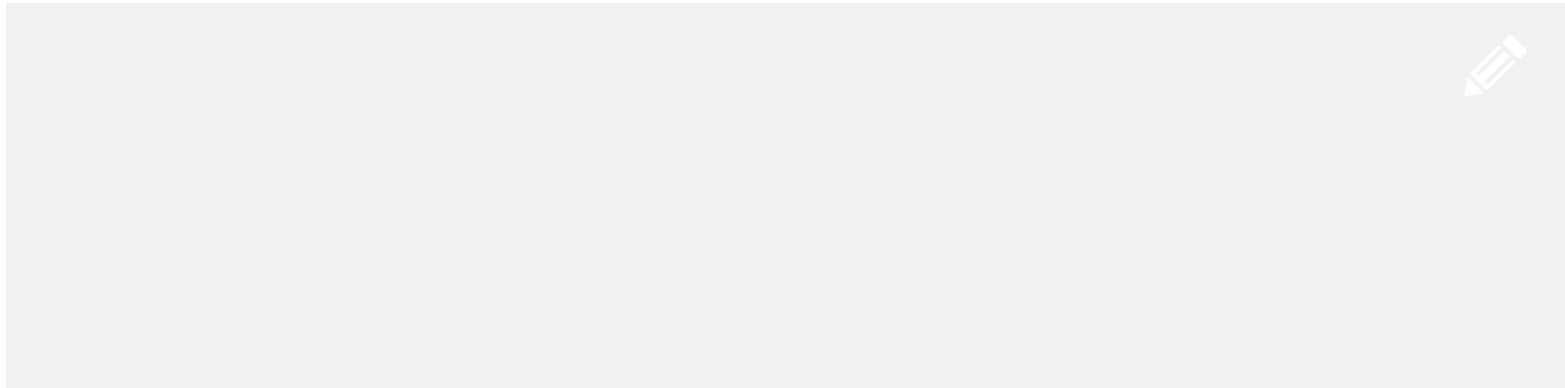
How would you rate the **foods** currently stored in your kitchen cupboards, fridge, and freezer? (1 being "pretty bad" and 10 being "quite healthy"):

10 radio button scale with numbers 1 to 10 below each button.

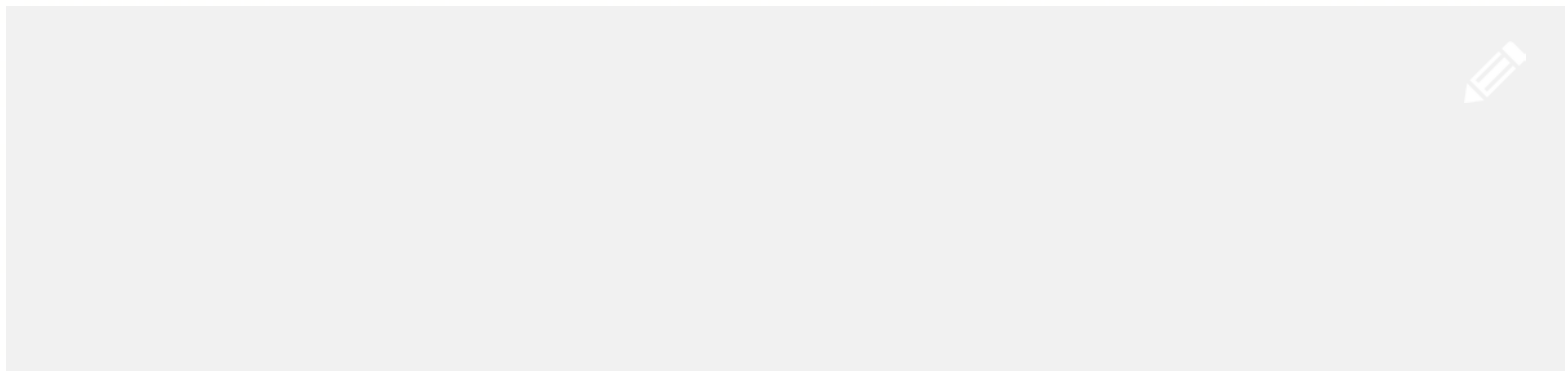
Do you have packs of sweets, cakes, crisps, biscuits, ice cream, or other **snacks** at home? *(If yes, specify which types and brands):*

Snack	Brand	Quantity

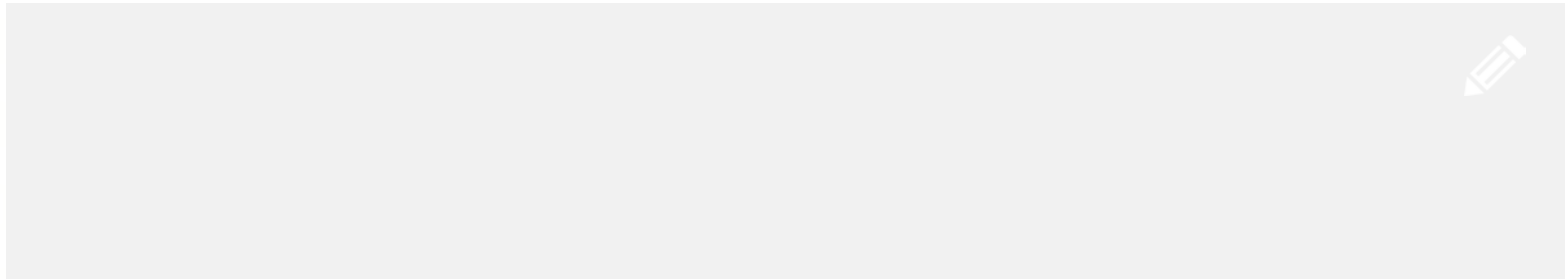
What does **healthy eating** mean to you? *(There's no right or wrong answer; use your own words):*



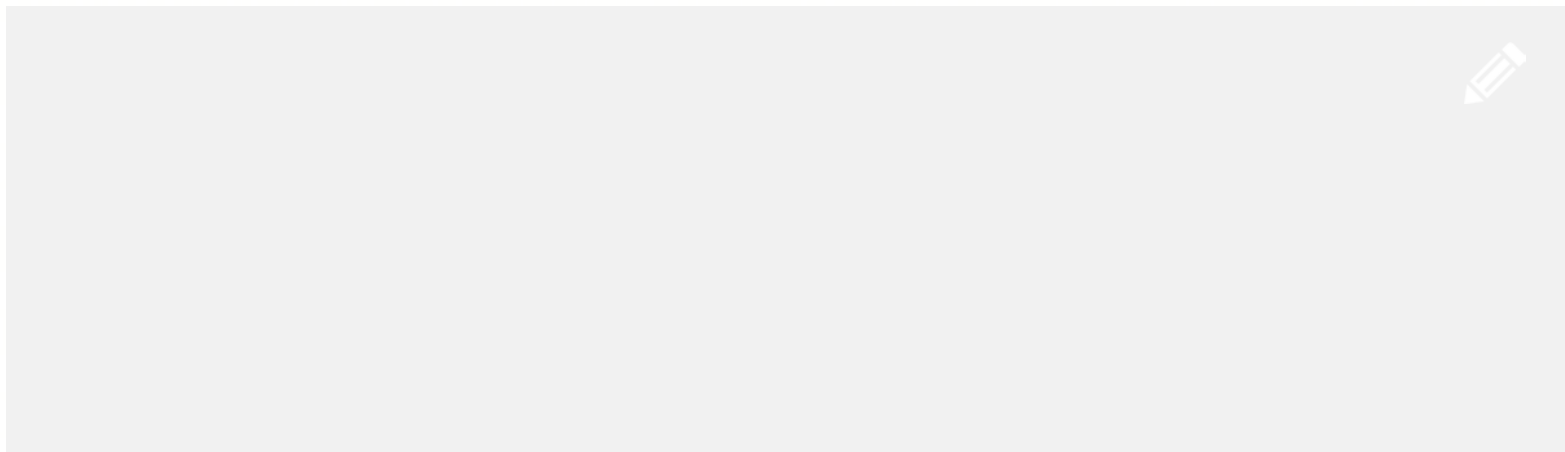
How close are your current **eating practices** to the above description?  
Please describe your current patterns:



Do you follow any **special dietary regime** due to medical, cultural, ethical, or religious reasons? *(If yes, specify which one and for how long):*

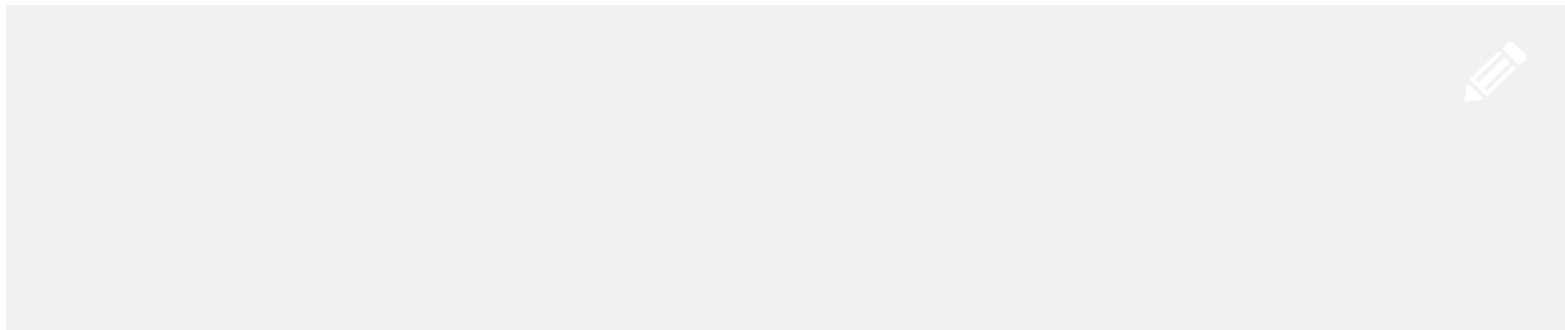


At what point in your life did you feel the **most lively and happiest** in your body? *(Specify age or time period, and describe WHY you felt that way):*



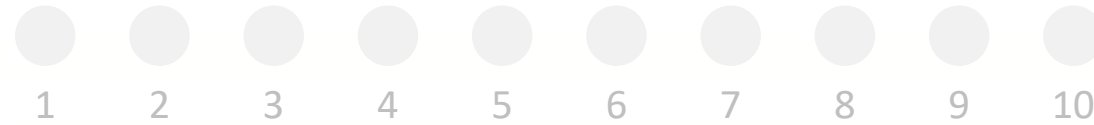
When you feel run down and tired, what do you think is the **source** of these feelings? *(Select all that apply and/or write your own):*

- My food choices
- My job
- Getting older
- I worry too much
- Other:

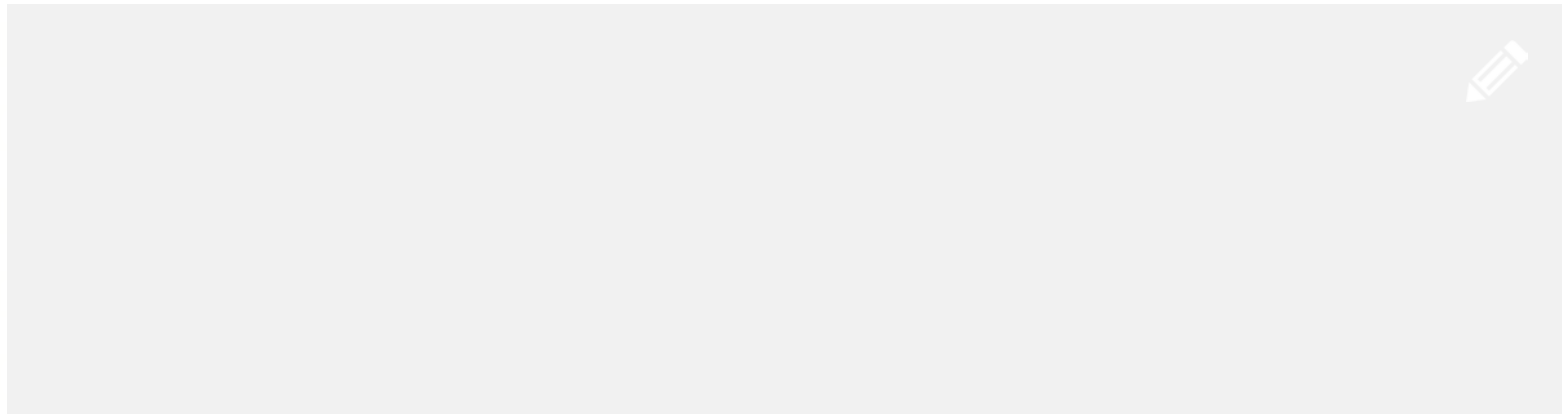




On a scale of 1 to 10 (1 being the lowest and 10 the highest), how **excited** are you about your new journey toward better health?



If someone told you that you'd need to give away all the foods in your cupboards today and go shopping for **different foods** that are more appropriate to your goals, would you do it?

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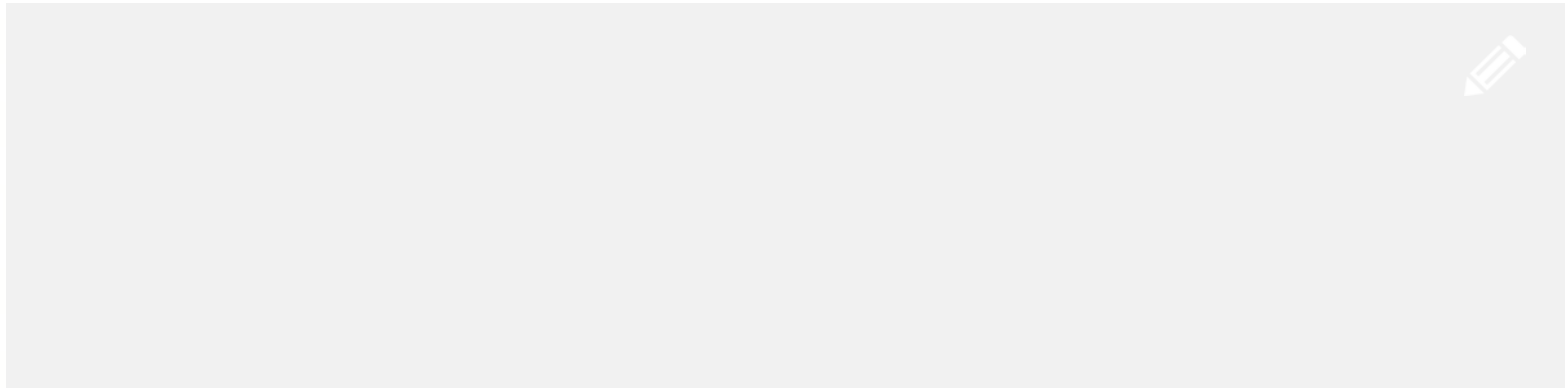
Do you practise yoga, Pilates, do moderate exercise, or perform activities that you love at least three times weekly?

**Yes** | **No**

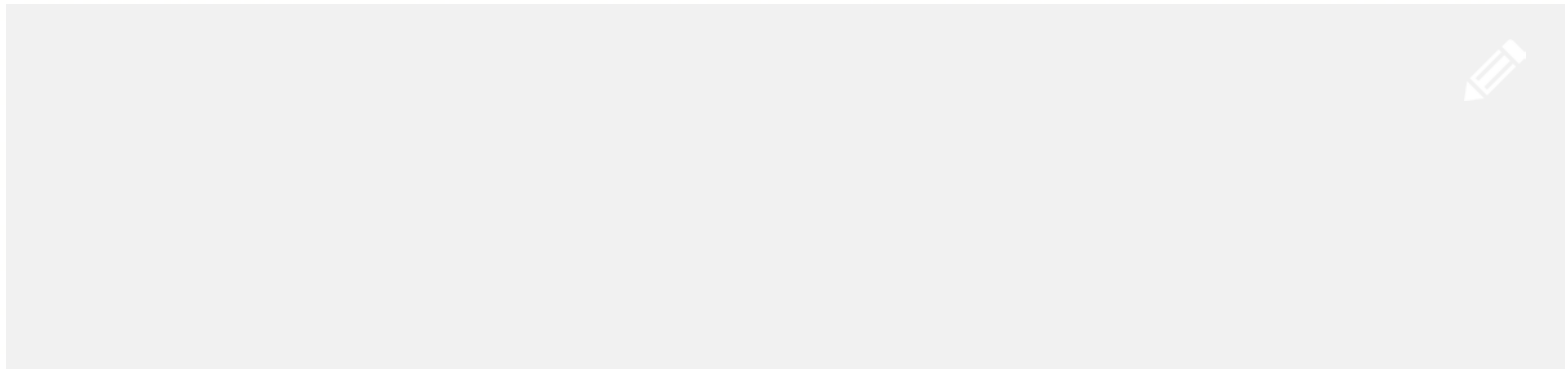
If yes, please list your activities and their frequency:

Activity	Time	Frequency

Why did you decide to **join** my program? *(Please describe which aspects of my program are of interest to you):*



Have you worked with a **nutritional advisor** in the past? *(If yes, please specify the type of provider and the results you obtained or did not obtain):*



**WELL DONE!**



You have completed your  
Personal Strategy Questionnaire.

Now it's time to make your vision  
a reality and start planning your  
**next steps.**

**GET CERTIFIED**

## Become a Nutritional Therapist

Learn to detect nutrient deficiency risks  
and build tailored eating programs for  
your clients

**Get Started Today**

Contact us: [LearnerServices@TheHealthSciencesAcademy.org](mailto:LearnerServices@TheHealthSciencesAcademy.org)