

Assessment Tool

Collect the right information so you can build great nutrition plans.

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Introduction

We know you are excited to start using That Clean Life with your clients — but before you dive right into creating a nutrition plan, whether it's a meal plan, collection of recipes, or something else, you must first conduct a proper assessment.

To conduct a great assessment, you will need a tool that will help you to *really* get to know your client and collect the right information so that you can deliver the absolute best service. This is exactly why we've created this Nutrition Planning Assessment Tool, so you can ensure you are asking the right questions to get quality data and create plans that will help your clients achieve their health goals.

How to Use

We've made the Nutrition Planning Assessment Tool available via Google Forms, so that you can make a copy and modify it to suit your needs and add your custom branding.

To make a copy of this tool that you can modify, please follow these steps:

Step 1. Visit [Nutrition Planning Assessment Google Form](#) →

Step 2. Sign in to your Google account.

Step 3. Click *Make a copy*.

Step 4. Modify the form to suit your needs.

While we've provided you with what we feel are the most important questions for your assessment, you may want to add questions as they relate to your area of expertise, or even remove questions if you feel they aren't relevant to your client's experience. You can also add your logo to the form and format it to match your branding.

When you have made a copy of the form and modified it, you can integrate it with your other intake forms, add it to your electronic health records software as a digital form, or simply fill it out with your client interview-style at your next appointment.

Once you've completed the assessment with your client, you will have the information you need to use That Clean Life to build your client a beautiful nutrition plan.

Tips & Tricks

✓ Send with pre-filled answers

Save your clients some time by [pre-filling answers](#) to some of the assessment questions. This is helpful if a client sent you information previously and you are wanting to build on top of that. Once you've pre-filled your answers, grab your link and you're ready to send it off to your client!

✓ Embed on a website

Health professionals can really benefit from introducing automation into their workflows. The Nutrition Planning Assessment Google Form gives you the opportunity to [embed it directly into your website](#). This provides you with a single location to direct your clients that is safe, secure, and gives you even more insights and control over the client experience.

✓ Integrate with practice management system

If you prefer to keep all of your client data within your practice management system, we've provided a [plain text version](#) of the assessment tool. Easily copy and paste the questions into your system's form builder and create a powerful assessment questionnaire with the advantage of having all your client data centralized.

Appendix

Plain Text Version

In addition to the [Nutrition Planning Assessment Google Form](#), we wanted to provide you with a plain text version of the tool for your use as you see fit.

Pro Tip

It would be convenient to simply copy and paste the questions below into an email and send it off to a client, but that type of client experience would be far from ideal. Instead, strongly consider using the Google Form available above or a similar automated service. You will save time and provide a more branded, secure and user-friendly experience to your clients.

Tell Me About You

Full Name

Age

Height

Current Body Weight

Ideal Body Weight

Do you want to see changes in your body weight or composition?

If so, describe the types of changes you would like to see.

What are your health, lifestyle and dietary goals?

Have you ever followed a diet?

If so, describe your experience.

What do you hope to achieve through working with me?

Tell Me About Your Current Lifestyle

Do you exercise regularly? Yes No

If Yes, how often and what types of exercise?

Do you feel your current diet is healthy? Yes No

If No, what do you think your current diet is lacking?

Do you have any digestive issues? Yes No

If Yes, what kind and how often?

Do you have a bowel movement every day? Yes No

If No, how often?

Rate your average daily energy on a scale of 1 to 10

1 2 3 4 5 6 7 8 9 10
Low Energy High Energy

Tell Me About Your Current Diet

How many times do you eat per day?

Breakfast. Describe your typical Breakfast.

Breakfast. What time of the day do you eat Breakfast?

Lunch. Describe your typical Lunch.

Lunch. What time of the day do you eat Lunch?

Dinner. Describe your typical Dinner.

Dinner. What time of the day do you eat Dinner?

Snacks. Describe your typical Snacks.

Snacks. What times of the day do you eat Snacks?

How many meals per week do you eat out? None 1 to 2 3 to 4 4 or more
If you eat out, what is the most common meal you will eat out for?

Nutrition Planning

What is your motivation for seeking out a nutrition plan?

Are there any foods you will not eat due to sensitivities, allergies, or religious reasons?

How much time would you ideally want to spend in the kitchen per day?

Are there times when it is difficult for you to buy the foods that you would like to buy?

What are the challenges to buying those foods?

Who does the grocery shopping and cooking in your household?

Do you have any challenges with preparing food?

Which food prep style best describes you?

- I like to prep food in advance and eat the same meals for a few days
- I want to spend more time cooking and have different meals each day

What are some of your favorite foods to eat?

What excites you about having or following a custom nutrition plan?

Is there anything that scares you or intimidates you about following a nutrition plan?

Is there anything else about yourself that you would like to share with me to help in building your nutrition plan?