HOW TO BE A HUMAN

Client Health & Lifestyle Intake

A comprehensive baseline for personalized health, lifestyle, and performance coaching.

CONFIDENTIALITY NOTICE
Your privacy is paramount. All information provided in this form is confidential and will be used solely by your coach to help design your personalized health, lifestyle, and performance approach.

Please answer as accurately as you can. If a question does not apply to you or you do not know the answer, simply leave it blank.

Client Name **Date Completed**

1 Baseline & Demographics

Full Name

Date of Birth

Height (ft/in or cm)

Current Weight (lbs or kg)

Desired / Goal Weight

Occupation

What are your primary working hours and environment? *For example: 9-5 desk job, frequent travel, shift work.*

2 Goals & Readiness

What are your primary goals?

[ ] Optimize daily energy & focus

[ ] Body composition (fat loss / muscle gain)

[ ] Manage stress & mental clarity

[ ] Improve athletic performance / strength / endurance

[ ] Improve sleep quality

[ ] Longevity & preventative health

Please elaborate on your specific goals or any current health concerns you want to target first:

On a scale of 1 to 5, how ready and willing are you to make modifications to your current diet, sleep habits, and lifestyle routines?

1 = Not ready at all **1 2 3 4 5** 5 = Fully committed and ready to change

3 Medical & Supplement History

Do you have any diagnosed medical conditions or recent major injuries? If yes, please explain:

Please list any prescription medications or over-the-counter drugs you take regularly:

Please list all vitamins, minerals, herbs, or performance supplements you currently take: *Include brand, dosage, and frequency when known.*

Do you have any known food allergies, severe intolerances, or strong dietary dislikes?

4 Lifestyle, Sleep & Stress

How many hours of sleep do you average on a typical night?

[ ] Less than 6 hours
[ ] 6 to 8 hours
[ ] 8 to 10 hours
[ ] 10+ hours

Do you experience any of the following?

[ ] Trouble falling asleep
[ ] Waking up frequently during the night
[ ] Feeling unrefreshed or sluggish in the morning
[ ] Mid-afternoon energy crashes

How would you rate your typical daily stress levels?

[ ] Low - manageable and rare
[ ] Moderate - normal daily pressures
[ ] High - constantly overwhelming

What are your primary methods for handling stress or unwinding?

5 Nutrition & Behavioral Habits

Distinct meals typically eaten per day

Times per week you eat out / order takeout

Please check any factors that apply to your current relationship with food:

[ ] Eat too fast / mindless eating

[ ] Late-night snacking

[ ] Confused about what to eat for my goals

[ ] Emotional eating (when stressed, bored, or upset)

[ ] Erratic eating schedule / frequently skipping meals

[ ] Time constraints make healthy cooking difficult

What types of protein do you consume most days of the week?

[ ] Red meat / pork

[ ] Fish / shellfish

[ ] Dairy (yogurt, cheese, whey)

[ ] Poultry (chicken / turkey)

[ ] Eggs

[ ] Plant-based (beans, lentils, tofu, tempeh)

Average Daily Beverage Intake

Water (oz / cups per day)

Coffee / caffeinated tea

Sodas - regular or diet

Alcoholic drinks (per week)

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6 Baseline 24-Hour Food Recall

Walk us through a typical day. Honesty gives us the best baseline data.

Usual wake time

Usual bedtime

Morning Window - Waking to ~11:00 AM

Morning hydration & caffeine: What is the first thing you drink in the morning? *Include cream, sugar, or supplements added to coffee or tea.*

First meal / breakfast: What do you eat, and at what time?

Mid-Day Window - ~11:00 AM to 4:00 PM

Lunch: What do you typically have, and at what time? Is it usually home-cooked or takeout?

Afternoon fuel / snacks: What do you typically eat or drink during the afternoon?

6 Baseline 24-Hour Food Recall - Continued

Evening Window - ~4:00 PM to Bedtime

Dinner: What does your typical dinner look like, and at what time do you eat it? *Please note cooking oils, sauces, or sides when relevant.*

Late night: Do you typically snack or have a drink after dinner? If so, what is it?

Performance & Lifestyle Context

Workout nutrition: If you exercised on this day, what did you eat or drink immediately before and after training?

How did your energy level feel on this day?

[ ] Great energy all day

[ ] Afternoon crash (2 PM - 4 PM)

[ ] Very hungry before bed

[ ] Woke up tired

[ ] Brain fog after meals

7 Movement, Training & Recovery

What time did you train?

Session duration

Session type / focus:

[ ] Strength / weightlifting

[ ] High-intensity / HIIT / CrossFit

[ ] Sport-specific practice

[ ] Cardiovascular / endurance (running, cycling, etc.)

[ ] Mobility / recovery (yoga, Pilates, walking)

Briefly describe the workout: *For example: lower-body lift or 45-minute steady-state Zone 2 run.*

Duration of the session:

[ ] Under 30 minutes

[ ] 30 to 60 minutes

[ ] 60 to 90 minutes

[ ] 90+ minutes

Rate the overall exertion of this session:

1 = Barely broke a sweat **1 2 3 4 5 6 7 8 9 10** 10 = Absolute maximum effort

7 Movement, Training & Recovery - Continued

How did you feel during the workout?

[ ] Energized and strong
[ ] Sluggish / heavy legs
[ ] Struggled to focus
[ ] Hit a wall halfway through

How did you feel 1-2 hours after the workout?

[ ] Rejuvenated and energized
[ ] Completely wiped out / ready for a nap
[ ] Hungry / ravenous
[ ] Normal / baseline

Daily Activity Baseline - Outside of the Gym

Estimated daily step count:

[ ] Under 5,000 steps
[ ] 5,000 to 8,000 steps
[ ] 8,000 to 12,000 steps
[ ] 12,000+ steps

How much of your regular workday is spent sitting vs. standing / moving?

[ ] Mostly sitting (desk job / driving)
[ ] Mix of sitting and standing
[ ] Constantly on my feet / physically active

8 Wearable Data & Biometrics

If you do not track metrics with a wearable device, feel free to skip this section.

Do you currently track your health data using a wearable device?

[ ] Apple Watch
[ ] Whoop
[ ] Other: _____
[ ] Oura Ring
[ ] Garmin

Typical Baseline Metrics

Resting Heart Rate (bpm)

Heart Rate Variability (ms)

Typical Sleep / Recovery Score (%)

Active Calories Burned or TDEE

Is there any specific trend you have noticed in your wearable data recently that concerns you or that you want to improve?

Natural Chronotype / Sleep-Wake Pattern

[ ] Early Bird (Lion) - naturally wake early with peak morning energy
[ ] Night Owl (Wolf) - slow to start, peak later in the day
[ ] Somewhere in the Middle (Bear) - standard day/night rhythm, peak mid-day
[ ] Restless Sleeper (Dolphin) - light or erratic sleep, often unrefreshed
[ ] Specific recommended pattern due to work or schedule demands

If you selected a specific recommended pattern, please describe it:

Thank You

This intake provides a starting point for understanding your health, lifestyle, goals, and current baseline.

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IMPORTANT
Health coaching is educational and supportive in nature and is intended to complement - not replace - the care you receive from licensed medical providers. It does not replace medical diagnosis, treatment, or emergency care.