



Doc Ann's Coaching Practice®
Prescription for success

Food Choices Questionnaire:

- 1) When are you the most hungry? (time of day)
- 2) What type of foods do you gravitate towards when stressed? (salty, sweet, etc.)
- 3) When do you shop? (time of day, situation)
- 4) Do you have different shopping habits depending on your mood?
- 5) When are you most likely to buy healthy food? When are you most likely to buy unhealthy food?
- 6) Do you keep junk food at home? Describe this junk food.
- 7) What percentage of the time do you eat when not hungry? (Estimate) What percentage of the time do you eat past full?
- 8) If you try to change your eating habits, whom of your friends/family will support this? Who will not?
- 9) What will be the hardest thing about changing your diet?
- 10) How much time and energy do you have in your life now to dedicate to making changes? (hours/week and energy on scale of 1-10)