



Client Intake Form: Daily Activity Questionnaire

Purpose: *This questionnaire helps assess your typical daily activities, including physical, mental, and emotional habits. It aims to identify areas where adjustments may improve your overall well-being.*

Client Information

- **Name:**
- **Date:**
- **Age:**
- **Gender:**
- **Occupation:**

Morning Routine

1. What time do you typically wake up?
 -
2. Do you have a consistent morning routine?
 - () Yes
 - () No
3. What activities do you typically include in your morning routine?
 - () Meditation or mindfulness
 - () Exercise or stretching
 - () Healthy breakfast
 - () Checking phone/emails
 - () Other: _____

4. Do you feel rested and energized when you wake up?

- () Yes
- () No

Work or School Activities

5. How many hours per day do you spend working or attending school?

6. Is your work/school environment:

- () Physically demanding
- () Mentally demanding
- () Both
- () Neither

7. How often do you take breaks during work or school?

- () Never
- () Occasionally
- () Regularly

8. Do you feel fulfilled or satisfied with your work/school activities?

- () Yes
- () No

Physical Activity

9. How much time do you spend engaging in physical activity each day (e.g., walking, exercising)?

- () Less than 15 minutes
- () 15–30 minutes
- () 30–60 minutes
- () More than 60 minutes

10. What types of physical activities do you usually engage in?

-

11. Do you experience any physical discomfort or limitations during or after activity?

- Yes
- No

Meals and Nutrition

12. How many meals and snacks do you typically eat in a day?

-

13. Do you prepare meals at home or eat out frequently?

- Mostly at home
- Mostly eating out
- Balanced mix

14. How often do you include fresh fruits, vegetables, and whole foods in your diet?

- Rarely
- Occasionally
- Frequently

Evening Routine

15. What time do you typically finish work or school-related activities?

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16. How do you usually unwind in the evening?

- Watching TV or using devices
- Reading or creative hobbies
- Spending time with family or friends
- Other: _____

17. Do you have a consistent bedtime routine?

- Yes
- No

18. What time do you usually go to bed?

-

Additional Lifestyle Habits

19. How much time do you spend on screens (e.g., phone, computer, TV) daily?

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20. Do you engage in activities to relax or recharge (e.g., meditation, hobbies, time in nature)?

- Yes
- No

21. Do you feel you have a healthy balance between work, personal time, and rest?

- Yes
- No

Reflection Questions

1. Which activities in your daily routine make you feel the most energized or fulfilled?
2. Are there any activities that feel draining or stressful?
3. What small changes could you make to improve your daily routine?

Additional Notes

Please share any additional information you feel is important regarding your emotional health, lifestyle, or recent experiences: