



Questionnaire

Name

Gender

Age

Height

Weight

Body fat% (if known)

Waist cm measurement (if known)

Normal day-

Wake at-

Breakfast-

Next meal- (time, ingredients, quantities)

Next meal- (time, ingredients, quantities)

Next meal- (time, ingredients, quantities)

Water intake per day, (litres)

Any other fluids?

Likes, favourite foods-

Dislikes-

Allergies, intolerances-

Any other medical conditions? Any hereditary diseases? (Diabetes, cholesterol etc)

Any medication or supplements taken?

Do you smoke? How many per day?

Do you drink alcohol? How much? How often?

How active are you? How many steps per day?

Do you exercise? What type of exercise? How many days per week? How long per day?

Where do you plan on exercising? What equipment do you have? How many days a week do you plan on training? How long in each session?

What are your goals? Specifically? Send pictures of what you think is a great body.

Anything else to add?