Nutrition Questionnaire

Name:
Date:

Contact Information:
E-Mail:
Phone:

Age:
Height:
Weight:

Current Fitness or Recreational Activities

Recreational/Fitness Background

Goals (*please be specific)*:

Please List any injuries or Health Risks: (ie: This includes Food Allergies, Anxiety, Depression, high blood pressure, diabetes, COPD, Irregular Heart Beat, aneurisms, chronic pain, diseases or any other medical condition that could put your health at risk)

Favorite Foods

Protein: (Chicken, Fish, Steak, Beans, Tofu, Tempe)

Carbohydrate: (Potato, Bread, Pasta, Rice, Fruit or Veggies)

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Fats: (Almonds, olive oil, coconut oil, peanut butter)

Favorite Cheat Meal/Food: (Snickers, Pizza, McDonalds)