NUTRITION QUESTIONNAIRE



Date	Name	
	Address	
	Mobile	
	Email	
	Birthday	
	Gender	
	Nationality <u>.</u>	
Please write or print clearly. All of your information Fitness. The more specific you are the better we can	,	dential between you and Motion
PERSONAL INFORMATION		
How often do you check your email?		
Best way to get in contact		
Kids		
Profession		
Do you smoke?		
Do you drink alcohol?		

NUTRITIONAL INFORMATION

Have you ever received any nutritional counseling? Please specify why.		
How ca	an our nutritionist help you? Check all that apply.	
	Coach or doctor suggested it Interested in Nutrition Consultation The Fit & Slim Weekly Menu Special diets Detox I want to gain weight. How much? I want to loose weight. How much? I want to improve my nutrition for workouts and competition I need general support for a healthier eating/lifestyle Other. Please explain.	
What a	re your nutrition goals?	
What is	s your:	
•	Present height: Current weight: Blood type:	
Any se	rious illnesses / hospitalized / injuries? How long ago was this?	

What role do sports and exercise play in your life?		
What kind of sport?		
Detox & Diet history		
What is your food like these days?		
Breakfast:	time:	
• Snack:	time:	
• Lunch:	time:	
• Snack:	time:	
• Dinner:	time:	
• Snack:	time:	
Do you have any food allergies or troubles dige	sting certain foods?	
Food you love		
Food you avoid		
Do you take any supplements or medications? If yes, which one?		

amount.
Less than 1 Liter 1 Liter 2 Liter 3 Liter More than 3 Liter
What percentage of your food is home-cooked?
Do you crave sugar, coffee, alcohol and cigarettes or have any major addictions?
The most important thing I should do to improve my health is:
How do you feel at the moment?
ADDITIONAL COMMENTS
THANK YOU!

YOUR AVOCADO TEAM

How much water do you usually consume on a daily basis? Check the right