

## NUTRITION QUESTIONNAIRE



Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Birthday \_\_\_\_\_

Gender \_\_\_\_\_

Nationality \_\_\_\_\_

*Please write or print clearly. All of your information will remain confidential between you and Motion Fitness. The more specific you are the better we can support you.*

### 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.

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How can 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.

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What are your nutrition goals?

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What is your:

- Present height: \_\_\_\_\_
- Current weight: \_\_\_\_\_
- Blood type: \_\_\_\_\_

Any serious illnesses / hospitalized / injuries? How long ago was this?

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What role do sports and exercise play in your life?

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What kind of sport? \_\_\_\_\_

Detox & Diet history \_\_\_\_\_

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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 digesting certain foods?

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Food you love \_\_\_\_\_

Food you avoid \_\_\_\_\_

Do you take any supplements or medications? If yes, which one?

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