NUTRITION QUESTIONNAIRE



Date	Name	
	Address	
	Mobile	
	Email	
	Birthday	
	Gender	
	Nationality	
Please write or print clearly. All of your information Fitness. The more specific you are the better we ca	_	idential 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 re	eceived any nutritional counseling? Please specify why.
How can our nu	tritionist help you? Check all that apply.
Intereste The Fit & Special of Detox I want to I want to I need ge	doctor suggested it ed in Nutrition Consultation Slim Weekly Menu liets gain weight. How much? loose weight. How much? improve my nutrition for workouts and competition eneral support for a healthier eating/lifestyle lease explain.
What are your n	utrition goals?
What is your:	
Present hCurrent wBlood typ	veight:
Any serious illne	sses / 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 dig	gesting 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 MOTION TEAM

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