



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?



DO YOU SMOKE?

DO YOU DRINK ALCOHOL?

NUTRITIONAL INFORMATION

HAVE YOU EVER RECEIVED ANY NUTRITIONAL COUNSELING? PLEASE SPECIFY WHY?

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.

WHAT ARE YOUR NUTRITION GOALS?

WHAT IS YOUR:

- PRESENT HEIGHT:
- CURRENT WEIGHT:
- BLOOD TYPE:

ANY SERIOUS 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 DIGESTING CERTAIN FOODS?

FOOD YOU LOVE:

FOOD YOU AVOID:

DO YOU TAKE ANY SUPPLEMENTS OR MEDICATIONS? IF YES, WHICH ONE?

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