**Nutrition Assessment Questionnaire**

**Name:**

**Date of Birth:**

**Age:**

**Height: cm**

**Weight: kg**

**Email:**

**Medical Issues:**

**Physical Issues:**

**Nutrition Goals:**

**Nutrition Issues:**

**Daily Diet Type:**

Diet Type:

Breakfast:

Lunch:

Snacks:

**How Many Meals/Day and Timing**

**Exercise Schedule and Plan**

**Exercise Fueling:**

**Favorite Foods:**

**Least Favorite Foods:**

**Food Allergies:**

**Alcohol Consumption:**

**Smoking:**

**Work Schedule and Pattern:**

**Daily Sleep Pattern:**

**Training Goal:**

**Availability for Training Program Schedule:**