| NAME: | / DATE: |
|-------|---------|
| | |

NUTRITION A-B-Cs



ANSWER THE FOLLOWING QUESTIONS AS BEST YOU CAN:

(BELOW ARE BASIC QUESTIONS; NOT INQUIRING ABOUT THE "TYPE" OF DIET YOU MAY CURRENTLY BE USING)

| QUESTIONS | <u>ANSWER</u> | |
|---|--|--|
| Do You Eat Breakfast? | Yes / No / Sometimes | |
| If YES to the Above Questions, What Is It? | Briefly Describe: | |
| How Many Meals Do You Eat A Day? | 2-3; 3-4; 4-5; More (Circle One) | |
| Do You Know the Difference Between Protein, Carbohydrate, & Fats? | Yes / No | |
| Do You Base Your Meals Off of Proteins Or Carbohydrates? | Protein / Carbohydrate / Not Sure | |
| How Much Protein Do You Have in Your Diet? | In Every Meal / Almost Every Meal / Not Sure | |
| How Much Water Do You Drink a Day? | Less than 20oz; 20-40oz; 40-64oz; 64-80oz 80-128oz (Circle One) | |
| How Many Hours of Sleep Do You Get? | Less than 6; 6-8; 8+ (Circle One) | |

FROM THIS POINT, WE CAN DISCUSS FURTHER:

-DIFFERENT TYPES OF DIETS (i.e., CLEAN EATING; PALEO; KETO/ATKINS).
-TRACKING YOUR MACROS/CALORIES.
-SUPPLEMENTATION.