Personal Training Diet Assessment

1. Please list any food allergies and dietary restrictions (vegetarianism, kosher, lactose intolerance, etc.).


2. How many days a week do you eat the following meals/snacks?
   • Breakfast _____
   • Lunch _____
   • Dinner _____
   • Snacks (please list approximate time and frequency)
     o Snack 1 __________
     o Snack 2 __________
     o Snack 3 __________
     o Snack 4 __________

3. On an average day, how many times will you consume the following food items?
   • Vegetables: per day _____
   • Fruit: per day _____
   • Meat and other protein: per day _____
   • Dairy: per day _____
   • Grains: per day _____
   • Fats, oils, sweets: per day _____
   • Water: per day _____
4. Do you feel that you eat well? Please explain.

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5. Do you control portion sizes? Please explain

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6. Do you know what you should be eating and how you should eat? Please explain.

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7. What questions do you have about nutrition and healthy eating? Please explain.

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