

MEMEBER


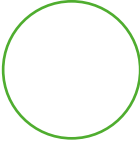
QUESTIONNAIRE



NUTRITION JOURNAL (3 FULL DAYS)

Please provide details for 3 full days of eating, including: Every meal, snack, or drink;

Estimated portion sizes; Water intake (circle litres or cups); Time of day each meal/snack was consumed.

	MEAL/SNACK/DRINK	TIME	 Total Water LITRES/CUPS
DAY 1			
DAY 2			
DAY 3			

DAILY ROUTINE SNAPSHOT

What time do you usually wake up? _____

What time do you usually go to sleep? _____

How many meals per day do you typically eat? _____

Estimated daily step count: _____

Any extra cardio or workouts outside the gym? (Type and Duration) _____

EVALUATION GOALS

Let us know what you'd like to get out of your evaluation. Please complete the sentence below:

During this evaluation, I'd like to learn/get help with _____

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You can handwrite this, use your phone notes, or send via email to info@flexfitnessclubs.com