

Edgy Girl Fitness Meal & Fitness Questionnaire

Name: _____ Birthday: _____

Address: _____

Phone No: _____ E-Mail: _____

Have you ever been on a Meal Plan before? _____

What are your short-term Weight Loss Goals? _____

What are your long-term Weight Loss Goals? _____

Do you have a positive support system at home: _____

Do you have any health issues? Please be specific: _____

Do you have any food allergies? _____

Do you have any psychological issues with food and/or exercise? _____

How do your family and friends feel about your decision to compete? Are they supportive? _____

Please outline your current nutrition plan (including water consumption): _____

Please outline your favorite veggies, fruits, and proteins (chicken, fish, broccoli etc): _____

Are currently exercising at the moment? ____ How many days a week? _____

Please share anything else regarding your health that I should know: _____

Have you ever went on a fast or detox before: _____ IF so how many day? _____