

HEALTH QUESTIONS (*keep notes*)

1. What's your **date of birth** **current height** **current weight**
2. Do you have any health problems & allergies?
3. Are you often tired? During the training or during the day
4. How many hours do you sleep? What time do you go to bed / wake up?
5. When was your last health check / results were good?
6. Please check level of Blood Pressure, Cholesterol, Minerals/Vitamins, Blood cells, Iron, Inflammation?

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NUTRITION QUESTIONS (*keep notes*)

1. Do you eat everything or do you have some kind of special diet? Why?
2. Do you take some nutritional supplements and vitamins?
3. How much water do you drink per day on average? (1-2-3 Liters)
4. How many soft drinks such as Fanta, Cola, Sprite... do you drink (per day/week)
5. Do you often eat after 8-9PM?
6. How often (per day/per week) do you eat: red meat, white bread, fried food?

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