Health Profile Questionnaire

HERBALIFE NUTRITION

Personal Details:

Full Name: ……

Date of Birth:……..**Mobile:**……..**Age:**…….....

Address:……

Town / City:…..……**Post Code:**……

Email:…….

Current Circumstances:

Occupation:……..

Occupation Activity Levels: Sedentary **/** Moderate **/** Active **/** Intense

Smoker: Yes **/** No **Cost per week?:**…… **If yes then how many per day?** ……

Your General Goals (circle all that apply):

- **Weight Loss**
- **Fat Loss**
- **Toning**
- **Feel Healthier**
- **Extra Energy**
- **Gain Weight**
- **Build Muscle**
- **Sports Recovery**
- **Endurance**
- **Health Related**
- **Clearer Skin**
- **Stronger Hair**
- **Stronger Nails**
- **Sleep Better**
- **Feel Younger**

Specific Goals:

By:…….. **I would like to:**……

Because…….

What have you tried before to achieve your goals?: (E.G: gym, slimming groups, running…)

1. ……
2. ……
3. ……
4. ……

What stopped you / could stop you achieving your goals?: (E.G: kids, friends eating out…)

1. ……
2. ……
3. ……
4. ……

What can you do to avoid failing this time?: (E.G: baby sitter, eat out less, exercise more…)

1. ……
2. ……
3. ……
4. ……

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Usual Food & Drink Routine

Wake up: ..... Bed at: .....

Breakfast?:

Food: None **/** Cereal **/** Toast **/** Porridge **/** Other :…….. **Time?:……**

Drink: None **/** Coffee **/** Tea **/** Fruit Juice **/** Water **/** Other :…… **Cost if out?: £……**

Mid Morning?:

Food: ……Time?:……...

Drink: ……Cost if out?: £……

Lunch?:

Food: ……Time?:……...

Drink: ……Cost if out?: £……

Mid Afternoon?:

Food: ……Time?:……...

Drink: ……Cost if out?: £……

Dinner / Tea?:

Food: ……Time?:……...

Drink: ……Cost if out?: £……

Before Bed?:

Food: ……Time?:……...

Drink: ……Cost if out?: £……

Food Shop Cost?: £…….. Weekly/Monthly **Eating out?: £……. Weekly / Monthly**

Alcohol?: ……..Times per Week / Month **Average spend?: £……..**

How do your weekends differ to this?: Nothing the same **/** Slightly **/** Very different **/** Out the window

Weekly Exercise:

Amount?: None **/** 1-2 **/** 3-5 **/** Every day **Do train with a friend?:** Yes / No / In a group

Type?: Walking / Swimming **/** Light Cardio **/** Class Cardio **/** HIIT **/** Weights **/** Heavy Weights

Sports / Hobbies?:……