



SugarShredz Questionnaire



Name: _____ Age: _____

Height: _____ Weight: _____ Desired Weight: _____

1. Do you have any food allergies: Y N If yes: _____
2. Do you have any major injuries: Y N If yes: _____
3. Do you have any chronic illness: Y N If yes: _____
4. Are you on any medications: Y N If yes: _____
5. Are you already following a diet plan: Y N If yes: _____
6. How many calories are you taking in daily: _____
7. What are your daily habits with eating? Please explain a typical day for your current diet:

8. What is your daily exercise or training habits:
 Explain: _____

9. What is your occupation: _____
10. Rate your activity at your work place: ___ Minimal Movement (desk job)
 ___ Medium Movement (teacher) ___ Extreme Movement (Construction or Coach)
11. What are your hours at work: _____ How many hours per week: _____
 When are your off days: _____
12. What are your sleeping habits: _____
13. Do you have a gym membership: Y N Where: _____
14. If "No" to the question above, do you prefer In Home workouts or Classes
 (ie: Yoga, Zumba, Body Pump, Spin, Barre, etc) Y N
15. How often do you step on the scale: _____
16. What is your goal with Sugarshredz: _____

Disclaimer:

SugarShredz is not responsible or liable for those individuals who injure themselves before, during, or after a training session. SugarShredz is not responsible or liable for those individuals who have health concerns or who obtain health concerns while a client of SugarShredz. SugarShredz is providing a service to its clientele in which the clients are responsible for their own actions while consuming foods and/or training in the choice of their own environment.

Please print, sign, and date below that you acknowledge and understand the questionnaire and disclaimer of SugarShredz Nutrition & Training:

Print

Sign

Date