## Contact details

**Client**

Name First name + Last name
 [ ]  Male [ ]  Female

Date of birth: dd/mm/yyyy

|  |  |
| --- | --- |
| Address: Streetname + housenumber City + zip code Country | Phone number Phone number.E-mail: e-mailSkype name: Skype name |

**Parent (in case of under aged client)**

Name First name + Last name

|  |  |
| --- | --- |
| Phone number Main number. Additional number. | E-mail: e-mailSkype name: Skype name |

[ ]  **As a parent I want to be involved and get all the emails send to my daughter/son**

**Coach**

Name First name + Last name
Club Club name

|  |  |
| --- | --- |
| Phone number Main number. Additional number. | E-mail: e-mailSkype name: Skype name |

[ ]  **I give permission to communicate with my coach if necessary**

**Doctor**

Name First name + Last name

|  |  |
| --- | --- |
| Phone number Main number. Additional number. | E-mail: e-mailSkype name: Skype name |

[ ]  **I give permission to communicate with my doctor if necessary**

## Medical information:

Medication: Do you use any regular medication?

Supplements: Do you use any supplements?

Allergies: Do you have allergies? If so which ones and to what extend?

Injuries: What major injuries did you have and when?

Smoke: [ ]  yes [ ] no How much and how frequently?

Alcohol: [ ]  yes [ ] no How much and how frequently?

Height: in cm Last measurement: dd/mm/yyyy Growing: Changes in the last 6 months?

Weight: in kg Last measurement: dd/mm/yyyy Weight stability: Changes in the last 6 months?

Do you (or someone in your family) suffer or suffered from any of the following health problems?

|  |  |
| --- | --- |
| Obesity | Specify |
| High blood pressure | Specify |
| Low blood pressure | Specify |
| High cholesterol | Specify |
| High triglyceride | Specify |
| Diabetes (which type) | Specify |
| Gastro-intestinal problems | Specify |
| Cancer | Specify |
| Anemia (low iron) | Specify |
| Eating disorder | Specify |
| Others:  | Specify |
| Remarks | Specify |

**Fat percentage:** [ ] I don’t know

When did you do this measurement? dd/mm/yyyy

|  |  |
| --- | --- |
| Skinfolds: Biceps mm Triceps mm Subscapularis mm Suprailliac mmPercentage: % | Bioelectrical impedancePercentage: %Others: MethodPercentage: % |

**Women only!**

When did you get your first menstruation: Wat age or which year?
When did you get your last menstruation: dd/mm/yyyy
Do you get your menstruation on a regular base? [ ]  yes [ ] no

## Nutrition information:

Goal: What is your goal with this diet?

Diet history: Did someone ever helped you with your diet? Did you ever start a diet by yourself?

 Highest weight you’ve ever been: in kg When was this? Specify

Diet: Do you follow a specific type of diet at the moment?

Food likes: What do you like to eat? Be as detailed as possible, there is no wrong answer.

Food dislikes: What don’t you like to eat? Be as detailed as possible, there is no wrong answer.

**Eating habits:**

* Do you eat regularly (at fixed times)? [ ]  yes [ ] no
* Do you eat fast? [ ]  yes [ ] no
 How long does it take to eat an average meal? In minutes
* Do you sometimes skip meals? [ ]  yes [ ] no
 Why? Explain in what cases you sometimes skip meals. How often does this happen?
* Do you sometimes feel guilty after eating something? [ ]  yes [ ] no
 Why? Explain why you feel guilty and when.
* Do you sometimes suffer from food craves? [ ]  yes [ ] no
	+ What provokes this? What do you think causes these craves?
	+ How many times does this happen? x times per day/week/month
* How much water do you drink in a regular day? Not including training
* How many times do you dine out? x times per day/week/month

How healthy do you think you eat? … (1 is not healthy at all and 10 is I can’t eat any healthier)

**Cooking**

Who is cooking at home: Answer
 Do you enjoy cooking? [ ]  yes [ ] no

What type of fat you usually cook with: [ ] Butter [ ] Margarine [ ] Minarine [ ] Oil
Do you usually use salad dressing? [ ]  yes [ ] no Which ones
Do you usually use meat sauces? [ ]  yes [ ] no Which ones

**Grocery shopping**

Who is doing the groceries at home: Answer
 Do you enjoy doing the groceries? [ ]  yes [ ] no

Which shop you usually shop at Name of shop(s)

## Food preference list

Indicate how you like following foods and how often you eat them. If you never ate this type of food just leave the line empty. Attention! This is not about healthy or not or should eat or not, it’s about what you personally like to eat. This list will be taken into consideration when making a meal plan.

**How do you like…?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Love it | Tasty | It’s okay | Neutral | Not so much | Hate it | How frequent do you eat this? |
| Fruit |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Chocolate |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Chips (from a bag) |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Cookies  |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
|  |  |  |  |  |  |  |  |
| Plain yoghurt |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Fruit yoghurt |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Greek yoghurt |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Drink yoghurt |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Pudding |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
|  |  |  |  |  |  |  |  |
| Cottage Cheesefat % |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Cream Cheesefat % |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Yellow Cheesefat % |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| White Cheesefat % |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Salty Cheesefat % |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Pastrami |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Hummus |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
|  |  |  |  |  |  |  |  |
| Nuts |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Olives |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Avocado |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Tahini |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
|  |  |  |  |  |  |  |  |
| Dried fruit |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Sweets |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Jam |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Honey |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |

**How do you like…?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Love it | Tasty | It’s okay | Neutral | Not so much | Hate it | How frequent do you eat this? |
| Fried potatoes |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Boiled potatoes |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Pasta |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Rice |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Couscous |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
|  |  |  |  |  |  |  |  |
| Vegetables-salad |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Vegetables-boiled |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Soup |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
|  |  |  |  |  |  |  |  |
| Fish |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Meat |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Poultry |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Tofu |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
|  |  |  |  |  |  |  |  |
| Milk-fat% |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Chocolate milk |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Soy milk |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Coffee |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Tea |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Soft drink |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Water |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
| Sport drink |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |
|  |  |  |  |  |  |  |  |
| AlcoholWhat kind? |[ ] [ ] [ ] [ ] [ ] [ ]  …x/ day/week. |

\*Add a ‘X’ in the answer that fits you the most

Remarks? Remarks

## Physical activity

How active are you in a regular day, not including training?
Describe your normal daily activity

How many hours a night do you sleep? In hours
 When do you usually wake up? hh:mm
 When do you usually go to sleep? hh:mm

**Sport**

Sport: What sport do you do?
Goal: What do you wish to accomplish in your sport?

How does your weekly training schedule look like?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Morning | Afternoon | Evening |
| Monday | Sport, intensity, time start of training, duration | Sport, intensity, time start of training, duration | Sport, intensity, time start of training, duration |
| Tuesday | Sport, intensity, time start of training, duration | Sport, intensity, time start of training, duration | Sport, intensity, time start of training, duration |
| Wednesday | Sport, intensity, time start of training, duration | Sport, intensity, time start of training, duration | Sport, intensity, time start of training, duration |
| Thursday | Sport, intensity, time start of training, duration | Sport, intensity, time start of training, duration | Sport, intensity, time start of training, duration |
| Friday | Sport, intensity, time start of training, duration | Sport, intensity, time start of training, duration | Sport, intensity, time start of training, duration |
| Saturday | Sport, intensity, time start of training, duration | Sport, intensity, time start of training, duration | Sport, intensity, time start of training, duration |
| Sunday | Sport, intensity, time start of training, duration | Sport, intensity, time start of training, duration | Sport, intensity, time start of training, duration |

Do you usually eat breakfast [ ]  before or [ ]  after morning training? Remark
Do you usually eat dinner [ ]  before or [ ]  after evening training? Remark

What do you usually eat before, during and after training?

Before training

During training

After training

**Combat sports athletes only!**

Weight category: in kg
 What is the weight category under yours: in kg
 What is the weight category above yours: in kg

Describe the usual weigh-in / competition routine in your sport:
When is the weigh-in, when is the competition, do you have multiple fighting days,…?

Do you usually lose weight before competition? [ ]  yes [ ] no
 If yes, how much weight you usually lose in kg
 in how much time do you do this x days/weeks/months
 describe how you usually approach this: action plan

## Extra information:

Living with other persons: Do you live alone or with other housemates/ family members?

Do you have a digital scale?

[ ] Yes [ ] No

Do you have an android smartphone?

[ ] Yes [ ] No

Where do you think you can improve in your diet?

How would you evaluate your diet?

 Do you have any additional notes?

Additional notes