

NUTRITION PROFILE

Date: _____
Name: _____ Birth Date: _____
Mailing Address: _____
City _____ State _____ ZIP: _____
Home Phone: _____ Cell: _____
Business Phone: _____ Fax: _____
Email: _____ 2nd Email: _____

Understanding your nutritional profile, it is imperative for Dave to review your dietary practices. This includes your nutritional questions, history of your nutritional problems and fueling issues that have had a direct impact on your training or racing. The following questionnaire will provide a preliminary overview for Dave's evaluation.

General History/Nutrition History

Have you had a physical in the last year? Yes No

Did your physical have any noteworthy items? Yes No

If yes, please describe:

Have you had a blood test in the last year? Yes No

Did the blood test have any "high" or "low" normal values? Yes No

Please list the test and values for each:

Did your health practitioner or physician point out any blood or health issues that should be monitored? Yes No

Please list:

Additional Comments:

Food Intake and Dietary Practices

Daily Intake

Total calories consumed daily: _____ Total calories consumed at breakfast: _____

Total calories consumed at lunch: _____ Total calories consumed at dinner: _____

Total calories consumed for snacks: _____

Intake per day:

What is the carbohydrate percentage or total calories? _____

What is the protein percentage or total calories? _____

What is the fat percentage or total calories? _____

Are you at your optimum body weight at least 9 months out of the year? Yes No

Are you at your optimum body fat percentage at least 9 months out of the year? Yes No

Comments:

Training/Racing Fueling

Do you eat in the morning before you exercise? Yes No

Please list typical foods and quantities:

For a 90 minute to 2 hour exercise session, what is the average caloric intake in the final two hours prior to exercise?

Total calories consumed during exercise? _____

Total calories consumed after exercise? (within 15-45 minutes) _____

During a training session, please list what you typically eat and drink – include quantities:

Have you had GI problems during or after exercise? Yes No During training? Yes No

During Racing? Yes No

If yes, please explain:

The window of opportunity for fueling post exercise is 15-45 minutes. Do you eat or drink anything during the window?

Yes No

Please list specific hydration and fuel intake and amounts:

Do you have energy throughout your hard training or racing sessions? Yes No

If not, why?

Additional Comments:

Food

What are your primary 'good fat' sources of food? _____

Do you eat these on a daily basis? Yes No

If no, how often? _____

What is the total volume or percentage of good fat calories per day? _____

What are the 'good carbohydrates' that you eat on a regular basis?

What oils or food 'weaknesses' do you consume on a regular basis?

What sources of protein do you eat on a daily basis?

Additional Comments:

Supplements

Please list your supplements and the amounts taken daily:

Would you like more information on your supplemental program? Yes No

Additional Comments:
