

Nutrition Checklist

	YES	NO
1. Were the dietary guidelines met?		
2. Did the dietary plan include proper percentage of fats?		
3. Did the dietary plan include proper percentage of proteins?		
4. Did the dietary plan include proper percentage of carbohydrates?		
5. Did the dietary plan make use of the food pyramid?		
6. Were the dietary goals met according to the information sheet?		

Sample Information Sheet

Name: _____

Gender: M / F Height: _____ Weight: _____

Health Status: (List any health problems)

1. _____
2. _____
3. _____
4. _____
5. _____

Do you participate in any recreational activities? _____ YES _____ NO
If yes, please list activities and how many days per week that you participate in each.

1. _____
2. _____
3. _____
4. _____
5. _____

What are your health goals?

1. _____
2. _____
3. _____
4. _____
5. _____