



8. Why do you think you have not succeeded in the past?

9. How committed are you to achieving your goals right now on the scale from 1-10?

10. Tell me a little about your nutrition habits—

Breakfast:

Mid-morning snack:

Lunch:

Mid-afternoon Snack:

Dinner:

Caffeine:

11. What are your energy levels during the day?

12. How many times were you sick last year?

13. Are you taking any medication or supplements right now? If so, which ones and why?

14. Do you have any other additional health concerns or medical issues that I need to be aware of?