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## Health IQ Assessment

This will help us get to know you and allow us to make supplement recommendations more specifically for your current needs.

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Sex \_\_\_\_\_

1. What is your exercise level? Choose the one that best represents you currently:

- Beginner (Don't exercise yet, but hoping to start or resume a regimen)
- Moderate but consistent (Exercise at least 2-3 times per week)
- Avid (Hardly ever miss some form of daily exercise)
- Competitive (On a team, actively participating)
- Off and On (exercise but miss some days/weeks)
- Professional athlete

2. How would you rate your knowledge of nutrition as it applies to energy, well-being, and performance?

- I know nothing about nutrition, I eat what I want.
- I know the basics, but don't apply them to what I eat.
- I have been on multiple diets for various reasons and am still searching for what works.
- I am a pro, I read everything about nutrition that is on the web.

3. What is your current diet/nutrition plan?

- I crave many foods and eat what I want.
- I hate food, it is a struggle to find anything that appeals to me.
- Generally, I feel I eat a healthy diet.
- I am vegan.
- I am vegetarian.

4. Please list any "specialty" type of eating plan you are following. For example: Paleo, Ketogenic, Gluten-free, Low-fat, Mediterranean, Allergy rotation

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5. Do you have any chronic medical conditions which you are controlling with medication?

- Yes - Current medications: \_\_\_\_\_
- No

6. Please list all nutritional supplements (vitamins, minerals, homeopathics) you take on a regular basis.

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7. What are your wellness goals? What do you hope to achieve with your consultation and coaching?

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