**Nutrition Plan Questionnaire:**

1. Is this your first time to follow a meal plan? If no, do you normally follow it or not?
2. What does your day look like in terms of the following:
3. What do you eat for breakfast, lunch and dinner?
4. Do you snack? If yes, what do you usually snack on?
5. What time do you wake up and sleep?
6. What do you do everyday in terms of work/school/studying?
7. How many hours a day do you work out and what type of exercise do you do? Do you have any idea how many calories you burn during your workout?
8. How much do you drink everyday and what kind of drinks do you have?
9. What are your goals from this meal plan? Lose weight/gain muscle/eat well?

If you want to lose weight, how much do you want to lose?

1. Describe any lifestyle changes you think can help you achieve your goal.
2. Mention any food allergies, preferences or dislikes if any.
3. Mention any medical conditions that you are dealing with if any.