UW Milwaukee Sports Nutrition Assessment

Date:       Name:       F   M       Age:       
Email:      Phone:      
Height:     Weight:     Wt. Goal:   

Current nutrition drinks, bars, or supplements:

Training Routine (time of day, workout, and length):
M
T
W
TH
F
S
SU

List any Pre or Post-workout fuel you use (foods, drinks, gels, etc.):

Note any fuel you use during training or races:

How much do you typically drink during training or races?

Please write down a “typical” daily food and liquid intake:

Breakfast:

Lunch:

Dinner:

Snacks:

List any nutrition concerns or questions you would like addressed:

THANK YOU!