

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!