

14. Allergies N/A

Do you have any food allergies or sensitivities? Yes No

If so, please specify:

15. Eating Habits (Please provide honest answers so that we can help you)

BREAKFAST

Do you have breakfast every morning? Yes Sometimes No Never

Approximate time: _____

Examples:

Do you have a snack before lunch? Yes Sometimes No Never

Approximate time: _____

Examples:

LUNCH

Do you have lunch every day? Yes Sometimes No Never

Approximate time: _____

Examples:

Do you have a snack before dinner? Yes Sometimes No Never

Approximate time: _____

Examples:

Last name: _____ First name: _____ DOB: _____ (DD/MM/YY) Initials: _____

The Protocol

Revised January 16, 2017 (US)