

WELLNESS PROFILE

Coach: _____ Today's Date: _____

First Name: _____ Last Name: _____ Phone No.: _____

Gender: _____ Age: _____ Birthday: _____ Email: _____
(optional)

Address: _____ City: _____ State: _____ ZIP: _____

What are your wellness goals? _____

Current Weight: _____ Goal Weight: _____ Height: _____

How much weight do you want to lose / gain? _____ lbs.

What other wellness programs / products have you tried in the past to achieve your nutrition goals?

What results have you experienced with these programs / products?

Do you eat three meals a day? Yes _____ No _____ If no, which meals do you skip? _____

What do you have for breakfast? _____

Do you snack? Yes _____ No _____ If yes, at what time of the day? _____

What do you snack on? _____

Daily Water Intake _____ oz. What else? _____ Tea _____ Juice _____ Soda _____ Alcohol _____ Coffee / Energy Drinks

How many times a week do you eat out? _____ Where? _____ Average Cost per Meal _____

Where is your energy level, on a scale of 1 to 10? _____

We also offer products in the following categories. Please circle those that interest you:

Core Nutrition /
Weight Management

Immune Health

Men's Health

Energy & Fitness

Heart Health

Women's Health

Outer Nutrition

Digestive Health

Healthy Aging

Children's Health

Sports Nutrition

Stress Management

GENERAL MEASUREMENTS

Full Body Measurement (inches):

Upper Chest _____ Chest _____

Waist _____ Hips _____

Thigh _____ Arm _____

Body Mass Index (BMI) _____

<18.5 Underweight; 18.5–25 Normal;

25–30 Overweight; >30 Obese

Body Fat % _____

Men 15–20%;* Women 20–25%*

*These ranges may vary depending on individual body types.

OMRON SCALE

Body Fat Classification _____

Skeletal Muscle % _____

Skeletal Muscle Classification _____

Visceral Fat _____

Visceral Fat Classification _____

Resting Metabolic Rate (RMR) _____

TANITA SCALE

Body Type _____

Basal Metabolic Rate (BMR) _____

Impedance _____

Fat Mass _____

Fat-Free Mass (FFM) _____

Total Body Water (TBW) _____

It is not necessary to complete all fields.

I am excited to help you achieve your wellness goals and would love to help those you love do the same!

I extend the offer for a FREE Wellness Profile to five of your friends.



WELLNESS PROFILE

Name: _____ Date: _____

Your Typical Daily Diet

	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Evening
Usual Time						
What I Eat						
What I Drink						
How I Feel						
Total Protein Examples of protein foods: meats, poultry, eggs, beans, nuts, seeds, seafood, soy products like tofu						

Current:

Number of glasses of water per day _____ Number of cups of coffee / cappuccino _____
 Number of alcoholic drinks per day _____ or per week _____
 Number of servings of fruit per day _____ Number of servings of vegetables per day _____
 Number of servings per week of: Fish _____ Poultry _____ Red Meat _____
 Number of meals eaten out per day _____
 Do you take supplements? _____ If yes, which ones? _____

Lifestyle:

Number of hours of sleep per night _____
 Number of times per week of exercise for at least 20 minutes: None _____ 1-2 _____ 3-4 _____ 5+ _____
 Participate in recreational sports? Yes _____ No _____

Recommendations:

This Wellness Profile is intended to provide information to your Independent Herbalife Member, so that they can support you in your efforts to manage your weight by following an eating plan according to guidance materials produced by Herbalife, and by living a healthy and active lifestyle. It is not intended to diagnose or treat any medical condition or illness. For any weight management or fitness program, Herbalife recommends that if you have any medical condition, you consult your doctor before changing your diet or increasing your physical activity.

