

Name:	
1. How many hours do you work a day?	-3 3 4 5 6 7 8 9 10 12 12+
2. When is your first/last meal every day?	First Meal: Last Meal
3. How often do you travel? Every _____weeks.	-4 4 5 6 7 8 9 10 12 16 16+
4. How many meals do you eat a day? Including snacks.	1 2 3 4 5 6 6+
5. 5 foods that you hate	1. 2. 3. 4. 5.
6. 5 foods that you love	1. 2. 3. 4. 5.
7. Do you have a gym membership?	Yes No
8. Please circle all of the “prep-friendly” brands that you have tried AND liked. <i>Please feel free to write down similar brands that you have tried (to the right of the mentioned brand).</i>	The Lion’s Pack (Choice) _____ BamBody Nutrition _____ Pam’s Pancakes _____ Kodiak Cakes _____ Nuts n’ More _____ Devotion Nutrition _____ Eat Enlightened _____ Real Good Foods _____ Kernal Seasonings _____
9. Do you use whey protein? Including Isolate or Casein. Specify.	Yes No _____

10. What time of day do you usually weight train?	Early AM Late AM Afternoon Early Evening Late Evening Night
11. What time of day do you usually do cardio?	Early AM Late AM Afternoon Early Evening Late Evening Night
12. How much water do you drink a day?	-1gal 1 gal 1.5gal 2gal 2gal+
13. How much caffeine do you have a day? Including coffee, tea, and supplements.	0mg 100mg 200mg 300mg 400mg+
14. Do you use artificial sweeteners? Specify.	Yes No -----
15. What's your favorite post show treat?	
16. What is your address? Optional.	
17. What are your long-term goals?	

TEAM CASEY

When you are all finished, please send to:

CoachCasey@OfficialTeamCasey.com