

Fitness & Supplement Questionnaire

We appreciate you choosing *Momentum Functional Health* and want to make sure we meet your expectations. Please help us serve you better by taking a couple of minutes to tell us about yourself. Please be as specific as possible as this will help us create strategies and recommendations customized to your specific needs. This will ensure the best possible outcome for you.

1. Current Fitness Activity/Sport(s): _____
2. How many years have you been participating in your sport? _____
3. Average training hours per week (please specify each sport if multi-sport) _____

4. Training/Fitness Goals: _____

5. Upcoming Races/Competitions with dates: _____

6. Other coaches or fitness/health professionals you are utilizing: _____

7. Average hours of sleep per night (this means time actually asleep, NOT just in bed): _____
8. Quality of sleep (***please circle ALL that apply***):
 - *Deep Sleeper*
 - *Difficulty falling asleep*
 - *Difficulty Staying asleep*
 - *Wake 1-2 times per night*
 - *Wake 3 + times per night*
 - *Feel rested in AM*
 - *Never feel rested regardless of sleep duration*

9. Current supplements and medications, **with dosage** (include all vitamins/supplements, both during and away from training):

<u>Supplement/Medication</u>	<u>Dosage</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. Willingness to incorporate changes to improve performance (Rate 1-10, 10 being most): _____

11. Please list major injuries you have sustained:

Injury/Area	How Treated	Resolved? (Yes/No)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Have you ever completed a detailed nutritional analysis? _____

If yes, when and by who? _____