

Food Preferences

Please fill out as accurately as possible to assist your Personal Trainer in customizing your program. If there are "brand name" food items, please take a pictures of the food labels, bring those along with this completed form to show your Trainer on your next session.

Breakfast:

1. _____
2. _____
3. _____
4. _____
5. _____

Dinner:

1. _____
2. _____
3. _____
4. _____
5. _____

Typical "Healthy" Day:

Time: _____

Time: _____

Time: _____

Time: _____

Time: _____

Time: _____

Lunch:

1. _____
2. _____
3. _____
4. _____
5. _____

Snacks:

1. _____
2. _____
3. _____
4. _____
5. _____

Sample "Bad" Day:

Time: _____

Time: _____

Time: _____

Time: _____

Time: _____

Time: _____
