

# BETTER BODY DIETARY PROFILE

Each of the following sections contains questions regarding your evaluation of conditions that may be affecting your health and personal well-being.  
Please be as detailed as you can in providing information. Include foods like mayonnaise, butter, sodas, etc.

## **Please list the foods you ate yesterday:**

Breakfast:

---

Lunch:

---

Dinner:

---

Snacks:

---

## **Please list ALL the foods you normally choose to eat on a day to day basis:**

Breakfast:

---

---

Lunch:

---

---

Dinner:

---

---

Snacks:

---

## **How often do you do a strength training program?**

Never            Sometimes            Often

## **How often do you do an aerobics program?**

Never            Sometimes            Often