



**Instructions:**

This is a bi-weekly body composition, physical alteration, and recovery questionnaire. In order to provide the best possible service, it is important that you fill out **all the information below**. This means keeping a daily record of body weight and of the recovery measures in addition to the biweekly meetings we will have. This report form is extremely important and an integral part of the program – quite literally, your success depends on it.

**Basic Information:**

Name:

Date:

1) Body Weight (in lbs)

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week #1							
Week #2							

2) To ensure that your goals and our approach are still on the same track, please reevaluate and rank your goals at this current time (rank these goals according to importance with 1 being the most important and 8 being the least).

Improved Health		Improved Endurance	
Increased Strength		Sports Specific*	
Increased Muscle Mass		Lose Fat	
Increased Power		Gain Weight	

\*If “sports specific” was selected in the last question, please provide the sport / athletic event you are training for:



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3) Is there a specific timeline for achieving your specific goals?

4) What's of greater importance (circle)  
a. Immediate progress that's less easily maintained  
b. Maintainable progress that may not be as rapid

Please explain below:

5) How was your overall energy level and mood over the last 2 weeks?





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- 8) **Perceived appearance:** In the box below, please give us a general idea of your perception of improvement. Are you leaner, or more muscular? Let us know what changes you see when looking into the mirror. Please describe them in your own words.

- 9) **Activity performance:** In the box below, please give us a general idea of how your workouts/activities/exercise is going. Are you getting stronger, more powerful, or improving your anaerobic tolerance? Let us know what changes you feel when working out. Please describe them in your own words. Use this section to highlight “problems” or concerns you are having relative to the workout.

- 10) **Nutritional comments:** In the box below please give us a general idea of how your nutritional program is going. Are you having difficulty following it or is it easy to eat this way? Let us know how successful you’ve been with respect to avoiding unhealthy choices and making more positive eating decisions.



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12) **Adherence to Nutrition Plan:** Please place an “X” only in squares corresponding to the day and meal where you followed the nutrition plan, as outlined 100%. Please input a “N/A” in boxes that don’t apply to you (example - if you are only required to eat 5 meals per day, place n/a in the 6, 7 and 8 columns). Finally, the order of your meals isn’t important. So as long as you’ve managed to get the meal in it counts as 100% adherence for that meal (for instance if you ended up switching meals 1 and 5 around to better fit your schedule, you’d still place an X for each meal).

		Daily Meals							
		1	2	3	4	5	6	7	8
Days	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								
	10								
	11								
	12								
	13								
	14								

11) Are there adherence problems you’d like to elaborate on specifically or does it seem easy?



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12) With an increase in protein intake, some people may experience abdominal bloating, gas, or constipation. Are you experiencing any negative gastrointestinal symptoms? Please describe.

13) How much are you now spending on groceries per week (please list grocery bill totals for both weeks)?

14) How much money are you now spending on supplements per month (total for the month)?

15) How often have you been eating out in restaurants per week?



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16) Have any of your previous health, nutrition, or physique complaints decreased?

17) In the box below, please provide any general comments not covered above that you think we should or would like to know. Positive and negative feedback is welcome.

18) I am always interested in testimonials from my patient. If you are having a good experience with our services and wouldn't mind giving us a testimonial for use in our promotional material, please include your comments in the box below. We will include exactly what you type in this box so be sure your comments reflect what you would like to see.



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- 19) As indicated in our initial client information sheet, it is sometimes beneficial (although not necessary) when clients submit pictures along with their client information sheets and then again with each bi-weekly report. If you have any pictures taken since your last assessment, please submit them with this sheet.

**Thank you for your detail and time spent completing our bi-weekly information sheet.**

**Yours in Health,**

**Tim Irving DC, MS, LMT, Body Transformation Specialist, CKTP, CHt  
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