

TRANSFORMATION FOLLOW-UP TRACKER



Name:

Address:

Phone:

Email:

Best time to contact:

**Desired Outcome in
Order of Importance:**

(1 = highest)

Fat loss _____

Increase energy _____

Better workout _____

Overall wellness _____

Lifestyle Questions:

Eat breakfast daily? YES/NO

10-12 cups of water daily? YES/NO

Eat "on the go" often? YES/NO

Skip meals frequently? YES/NO

Get "munchies" at night? YES/NO

Crave sweets/sugar? YES/NO

Fight fatigue all day? YES/NO

Drink coffee, tea, or soda? YES/NO

Get a mid-afternoon "low"? YES/NO

Tired in the early evening? YES/NO

Have dieted on and off? YES/NO

Eat for comfort? YES/NO

Feel "too full" after meals? YES/NO

Wake up hungry? YES/NO

Familiar with food categories? YES/NO

Sleep 7.5+ hours/night? YES/NO

Favorite "unhealthy" foods:

Eat for breakfast:

Date

Follow-Up/Results Log

Notes: