**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FBook: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Twitter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age**: \_\_\_\_\_\_\_ **Start Weight**: \_\_\_\_\_\_\_\_\_if interested in losing weight

**1. How many cups of liquid do you drink a day?**

Water \_\_\_\_\_\_ Herbal Tea \_\_\_\_\_\_\_ Juice \_\_\_\_\_\_ Milk \_\_\_\_\_\_\_ Nut Milk \_\_\_\_\_\_\_

**2. How much caffeine do you drink a day?**

Coffee \_\_\_\_\_\_\_ Soda \_\_\_\_\_\_\_ Tea \_\_\_\_\_\_\_ Energy Drinks \_\_\_\_\_\_\_\_\_

**3. What are your favorite foods that you enjoy on a weekly basis?**

**4. Do you snack often? If yes, list foods.**

**5. Do you exercise? YES or NO**

**Days per Week \_\_\_\_\_\_\_\_\_\_ Duration per session \_\_\_\_\_\_\_\_\_\_**

**What types of exercise?**

**6. What brings the most peace and sense of calm in your life?**

7. **What time do you typically go to bed?** Week \_\_\_\_\_\_\_ Weekend \_\_\_\_\_\_\_

**8. Why did you sign up for this Mind-Body Sugar Detox?**

**9. Do you have any medical issues? If so please list.**

**10. Do you have any goals that you would like to accomplish during this program?**

**Or anything you would like to share.**