

Questionnaire

Personal details

Name: _____ Date of Birth: _____ Mobile: _____

Address (for orders): _____

Email: _____

Any allergies or intolerances? _____ Seriousness 1-10 _____

Other struggles or Issues? (headaches, constipation, tiredness, fatigue etc)?

Facebook? Y/N Instagram? Y/N Snapchat Y/N Telegram? Y/N

Nearest HLM Bournemouth Cardiff Carmarthen Derby Manchester Norwich Portsmouth Sheffield Southampton

Wake Up Time:	Breakfast: Time:	Snack: Time	Lunch: Time:
Snack: Time:	Dinner: Time:	Water intake per day:	Number of Coffee's /Tea's / Soft Drink's:

When it comes to your goals, what's your one thing? _____

COST – What are you currently spending everyday which has led you to where you're at right now?

Alcohol	£
Coffee's	£
Tea's	£
Soft Drink's	£
Energy Drink's	£

Gym membership	£
Meals out	£
Smoking	£
Take away's	£
Supplements	£

Food shop	£
Breakfast	£
Lunch	£
Dinner	£
Snacks	£

Your monthly spend including convenience snacks/foods total = _____ **Per Month**

Who do you know that could improve their **breakfast / nutrition?**

Refer 1 friend = 20% discount on next purchase

Refer 2 friends = VIP / Ambassador