Elite Soccer Academy

Comprehensive Nutrition Intake Form

Welcome to the Elite Soccer Academy Nutrition Program. To provide you with the most effective and personalized nutritional guidance, please complete this form as thoroughly as possible. Your responses will help us understand your current habits, preferences, and goals to optimize your performance on and off the pitch. All information provided will be kept strictly confidential.

I. Athlete Information

Full Name: _____

Age: _____ **Date of Birth:** _____

Parent/Guardian Name (if under 18): _____

Sport / Primary Position: _____

Primary Nutrition Goal: *(e.g., improve performance, gain muscle, lose fat, increase energy, better recovery. Please describe in detail.)*

_____

_____

Health History: *(Please list any current or past medical conditions, injuries, or medications that might affect your nutrition, e.g., diabetes, asthma, digestive issues.)*

_____

_____

II. Training & Lifestyle

Typical Weekly Training Schedule: *(Include days, times, duration, and intensity for each session, as well as match days.)*

_____

_____

_____

Cooking Ability (1-5): ____ *(1 = Cannot cook, 5 = Expert chef)*

Time Available for Meals: *(How much time do you typically have to prepare and eat meals on training vs. non-training days?)*

_____

Budget Considerations: *(Are there any budget constraints we should be aware of when recommending foods?)* _____

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III. Current Eating Habits

Please describe a typical day of eating. Be as specific as possible regarding foods, approximate portion sizes, and timing.

Breakfast (Time: _____):

_____

Lunch (Time: _____):

_____

Dinner (Time: _____):

_____

Snacks (Times: _____):

_____

Nutrient Timing Around Training: *(What do you typically eat/drink before, during, and immediately after training or matches?)*

_____

_____

Average Meals Per Day: _____ Times Eating Out Per Week: _____

IV. Hydration, Sleep & Recovery

Daily Water Intake: _____ *(Specify liters or fluid ounces)*

Other Beverages Consumed Regularly: *(e.g., sports drinks, soda, coffee, tea. Specify type and frequency.)* _____

Average Sleep Per Night: _____ hours

Sleep Quality: *(e.g., restful, difficulty falling asleep, wake up frequently)*

_____

Energy Levels & Digestion: *(Describe your energy levels throughout the day and note any digestive issues like bloating or discomfort.)*

_____

V. Food Preferences & Restrictions

Preferred Proteins: *(e.g., chicken breast, tofu, salmon. Include preferred cooking methods.)*

_____

Preferred Carbohydrates: *(e.g., sweet potatoes, brown rice, oats.)*

_____

Preferred Fats: *(e.g., avocados, almonds, olive oil.)*

_____

Anchor Meals: *(List 3–5 meals you already eat regularly and enjoy.)*

1. _____

2. _____

3. _____

4. _____

5. _____

Foods You Dislike or Won't Eat (and why):

_____

Allergies / Intolerances / Dietary Restrictions: *(e.g., peanut allergy, lactose intolerance, vegan, gluten-free.)* _____

Current Supplement Use: *(List any vitamins, minerals, protein powders, creatine, etc., including dosage and frequency.)*

_____

VI. Real Life Situations & Commitment

Where do you typically eat out?

_____

What is your biggest nutrition struggle?

_____

What situations typically cause unhealthy eating for you?

_____

Readiness to Change (1–10): ____ *(1 = Not ready, 10 = Completely ready)*

What might stop you from following a new nutrition plan?

_____

Past Experiences: *(Have you worked with a nutritionist or followed a specific diet plan before? What worked or didn't work?)*

_____

Athlete Signature: _____ **Date:** _____

Parent/Guardian Signature (if under 18): _____ **Date:** _____