



WELCOME TO

# FLEX & FLEXIBILITY

EMBODIMENT WITH EMMA



---

1. What is your goal with adapting this meal plan?

2. Select one of the following that best describes your diet:

vegan

vegetarian

ovo-pescatarian

omnivore

3. What does a healthy diet look like to you?

4. Are you consistent with your meals? Or do you skip breakfast, snack for dinner, etc?

5. How much water do you drink in a day?

6. Please list any food allergies or intolerances:



7. Please list any foods you strongly dislike:

8. If applicable, how often do drink alcohol?

9. If applicable, how often do you eat fast food?

10. Do you drink coffee? What about energy drinks?

11. Please list any medication, supplements, vitamins, or minerals you regularly take:

12. Select any of the following issues you suffer from:

    bloating

    abdominal discomfort

    excessive gas

    headaches

    brain fog

13. Will this meal plan be just for you or others? If others, how many people?

14. Are you willing and able to commit to food prep each week?