

# Sugar-Free Diet Assessment

## Client Information:

- Name:
- Age:
- Gender:
- Medical History:
- Current Medications:

## Dietary Habits:

### 1. Daily Sugar Intake:

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### 2. Water Consumption:

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### 3. Meal Timing:

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## Food Preferences:

### 1. Preferred Food Groups:

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### 2. Challenge Areas:

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## Physical Activity:

### 1. Exercise Routine:

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### 2. Sedentary Habits:

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## **Sugar Awareness:**

### **1. Knowledge Level:**

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### **2. Label Reading:**

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## **Results and Recommendations:**

### **1. Sugar Intake Analysis:**

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### **2. Hydration Assessment:**

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### **3. Meal Timing and Composition:**

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### **4. Physical Activity Impact:**

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### **5. Sugar Awareness Enhancement:**

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### **6. Personalized Goals:**

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## **Follow-up Plan:**

### **1. Next Appointment:**

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### **2. Monitoring:**

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### **3. Support Resources:**

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**Interpretation:**