

Submitted by [Nutritionaware](#) on Mon, 03/27/2023 - 10:49

1. Age: 63

2. Gender: Female

3. Weight (lb): 187

4a. Height - Feet: 5

4b. Height - Inches: 5

6. Are you or have you ever been treated by a physician for documented heart disease?: No

7. Is Your Blood Pressure Under Control?: Yes

8. Have you had a recent body fat measurement completed?: No

9. Do you have any dietary restrictions?: No

Select Dietary Restrictions: [Vegan](#)

10. Select a Dietary Program:: Custom

Enter Protein Percentage: 30

Enter Carbohydrate Percentage: 55

Enter Fat Percentage: 15

11. Are you interested in resistance training (weights, machines, bands, etc.)?: Yes

Do you have any conditions that would prevent your ability to exercise a particular part of the body?: No

12. Select a Resistance Training Program: Weight Loss