Fitness/Lifestyle Questionnaire

Activity Information
Describe any physical activity you do on a regular basis: _____
What physical activities do you enjoy doing? _____
Have you had any negative feeling toward, or have you had any bad experiences with, fitness testing and evaluation? If yes, please explain:
What is the first thought that goes through your head when you enter a fitness facility? _____
When you exercise, what is your main focus? (ie competition, improvement, pressure, guilt)

Goals
What are you concerns and/or goals? (ie fat loss, strength, power, endurance, flexibility, agility, core stability, balance) _____
Why do you want to achieve these goals? (ie general health, injury prevention/rehab, sport specific training, aesthetic reasons, guilt) _____
What areas do you want to concentrate on or emphasize? (ie specific areas to strengthen, joint stability, cardio or core conditioning) _____
Have you participated in a fitness program previously? If yes, how long did you stick with it and how long was it designed for?
Did the previous program show results? If yes, how long did those results last?

Lifestyle/Fitness Questions
How long has it been since you exercised consistently 2 or more times per week? _____
Do you have experience with free weights or functional stability training? _____
What type of cardio exercise are you familiar with? _____
If you are an experienced athlete and follow a program please describe it: _____
Are there any exercises that your doctor has recommended you not perform? _____
How would you rate your daily activity level? (ie office work-1, manual labor-5, construction-10) _____
How would you rate your level of stress? Personal, physical, work life? (1 being very little and 10 being unbearable) _____
What is the average number of hours of sleep you get every night? _____
What is your current level of motivation to better yourself? (1 being very little and 10 being extraordinary) _____
What is the main reason/cause that limits your ability to exercise?

Nutrition
Do you consume alcohol? If yes, how often? _____
Do you smoke? If yes, how often? _____
On average how many meals do you eat per day? (Snacks included) _____
How many vegetables and fruit do you consume during a day? _____
How often do you get take out or fast food per week? _____
Have you ever followed a nutrition plan? If yes, how long did you follow it? _____
Have you ever counted calories? If yes, how long and did you weigh your food?

Signature of Client

Date

Printed name of Client

Signature of Parent/Guardian if under the age of 18

Date

Printed name of Parent/Guardian

Signature of Trainer

Date