

Fitness History:

1. When were you in the best shape of your life? _____
2. Have you been exercising consistently for the past 3 months? YES NO
3. When did you first start thinking about getting in shape? _____
4. What if anything stopped you in the past? _____
5. On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)? ____

Nutrition Related Questions:

1. On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)? ____
2. How many times a day do you usually eat (including snacks)? _____
3. Do you skip meals? YES NO
4. Do you eat breakfast? YES NO
5. Do you eat late at night? Often Sometimes Rarely Never
6. What activities do you engage in while eating? (TV, reading etc) _____
7. How many glasses of water do you consume daily? _____
8. Do you feel drops in your energy levels throughout the day? YES NO If yes, when? ____
9. Do you know how many calories you eat per day? YES NO If yes, how many? ____
10. Are you currently or have you ever taken a multivitamin or any other food supplements? Y N
If yes, please list the supplements:

11. At work or school, do you usually: Eat out Bring food
12. How many times per week do you eat out? _____
13. Do you do your own grocery shopping? YES NO
14. Do you do your own cooking? YES NO
15. Besides hunger, what other reason(s) do you eat?
 Boredom Social Stressed Tired Depressed Happy Nervous
16. Do you eat past the point of fullness? Often Sometimes Rarely Never
17. Do you eat foods high in fat and sugar? Often Sometimes Rarely Never
18. List 3 areas of your Nutrition you would like to improve:
a. _____ b. _____ c. _____
19. Would you like nutritional education or assistance from a professional coach? YES NO

Exercise Related Questions: Skip to next section if you are presently inactive.

1. How often do you take part in physical exercise? 5-7x/week 3-4x/week 1-2x/week
2. If your participation is lower than you would like it to be, what are the reasons?
Lack of Interest Illness/Injury Lack of Time Other _____
3. For how long have you been consistently physically active? _____
4. What activities are you presently involved in?

Cardio &/or Sports	Frequency/Week	Average Length	Easy/Mod/Hard
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Is cardio conditioning an area that you would like us to help you with? YES NO

Strength Training	Frequency/Week	Average Length	Easy/Mod/Hard
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List exercises: _____

Would you like some assistance with your muscle conditioning program? YES NO

Stretching Frequency/Week Average Length

Would you appreciate some help with a stretching program? YES NO

5. Please circle all the activities that interest you:

Group Fitness	Football	Personal Training	Soccer	Partner Training	Hiking
Swimming	Boxing workouts	Golf	Tennis	Indoor Cycling	Basketball
Triathlon	Pilates/Yoga	Baseball	Volleyball	Running Programs	

Walking Programs

Developing your Fitness Program:

- Please circle how/when you prefer to exercise:
 - LARGE GROUPS SMALL GROUPS ALONE COMBINATION
 - MORNING AFTERNOON EVENING
- Realistically, how often a week would you like to exercise? _____x/week
- Realistically, how much time would you like to spend during each exercise session? _____
- Based on your schedule and our facility location, where will most workouts take place? NWPT Club/Studio Home Another Gym Outside Work Gym
- Based on your commitment, how often would you like to see a trainer to help you achieve your goals?
3x/week 2x/week 1x/week 1x/two weeks 1x/month
Other: _____
- What are the best days during the week for you to commit to your exercise program?
M T W T F S S

Goal Setting:

How can we best help you? Please check that which applies.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Lose Body Fat | <input type="checkbox"/> Develop Muscle Tone | <input type="checkbox"/> Rehabilitate an Injury | <input type="checkbox"/> Nutrition Education |
| <input type="checkbox"/> Start an Exercise Program | <input type="checkbox"/> Design a more advanced program | <input type="checkbox"/> Safety | |
| <input type="checkbox"/> Sports Specific Training | <input type="checkbox"/> Increase Muscle Size | <input type="checkbox"/> Fun | <input type="checkbox"/> Motivation |
- Other _____

In order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure all your goals are 'SMART'.

S= Specific (Provide details, how long, how much etc.)

M= Measurable (How will you measure whether you've reached your goals)

A= Attainable (Be realistic, set smaller goals)

R = Rewards-Based (Attach a reward to each goal)

T = Time Frame (Set specific dates for goals)

1. Please list in order of priority, the fitness goals you would like to achieve in the next 3-12months?
a) _____ b) _____
c) _____

2. How important is it for you to achieve these goals? Very Semi Not very

3. How long have you been thinking about achieving these goals? _____

4. How will you feel once you've achieved these goals? Be specific.

5. Where do you rate health in your life? Low priority Medium Priority High priority

6. How committed are you to achieving your fitness goals? Very Semi Not very

7. What do you think is the most important thing your Personal Trainer can do to help you achieve your fitness goals?

8. Outline what you feel are the obstacles or your potential actions, behaviors, or activities that could impede your progress towards accomplishing your goals (i.e. not training consistently, upcoming vacation, busy season at work, not following the program, allowing other responsibilities to become a priority over exercise, etc.).

9. Outline 3 methods that you plan to use to overcome these obstacles:

a. _____ b. _____ c. _____