



Do you now or have you ever smoked? Yes No

If answered yes to the above, please explain your past or present need in terms of duration and packs per day. _____

How would you characterize your stress level? High Moderate Low

How would you characterize your body type? Overweight Average

Underweight Ideal

How many meals do you normally eat per day? _____

Do you normally eat breakfast? Yes No

How would you characterize your eating habit? Unrestricted Low fat/cholest

Vegetarian Avoid red meat

Octo-Lacto Vegetarian Vegan

Other _____

How would you characterize your nutrition habit? Good Fair Poor

How would your overall nutrition knowledge? Good Fair Poor

CURRENT EXERCISE PROGRAM

TYPE	FREQUENCY <small>(days/wk)</small>	DURATION <small>(min)</small>	COMMENT
Cardiovascular			
Weights/Strength			
Flexibility			

PERSONAL FITNESS GOALS

Have you ever worked with a Personal Fitness Instructor? Yes No

How many days per week would you like to train? _____

Which days you are available to train?

M T W Th F S Su

How much time have you allotted for training per day?

30 min or less 60 min 90 min More than 90 min

What is your primary reason for initiating a training regimen?

Increase muscular strength General health/fitness Weight loss

To quit smoking Blood pressure reduction Increase endurance

Stress Osteoporosis risk Increase flexibility

If you have worked with a Personal Fitness Instructor in the past, what did you like best about the experience? What would you have changed about the experience?
