

Personal Fitness & Nutrition Development Questionnaire

Please complete the below application

What are your Fitness & Nutrition goals? (Check top 3 most important goals)

Learn to eat a Balanced Diet

Decrease Body Fat

Tone Muscles

Learn to Balance Activity & Diet

Reduce Stress I

Increase Strength & Power

Create a Healthy Lifestyle

Feel Better

Improve Speed/Agility

Improve Overall Health

Increase Flexibility

Improve Athletic Performance

Maintain a Healthy Weight

Increase Endurance

Other: _____

What is keeping you from achieving your Fitness & Nutrition goals? (Check all that apply)

Lack of Motivation

Lack of Time

Lack of Equipment

Hitting a Plateau

Self Conscious

Not Knowing Where/How to Begin

Lack of Results

Other: _____

What motivates you? (Check all that apply)

Seeing Results

Having Fun

Praise/Rewards

Feeling Better

Other: _____

Do you follow a current exercise regime? Yes No
If yes, please explain.

Are there any physical limitations that would inhibit or limit your participation in an exercise program?

Have you ever done personal training before? Yes No:
If yes, please Explain: (How long ago? Was your experience beneficial?)

What activities/exercises do you currently participate in? (Check all that apply)

Running/Walking
Aerobics
Strength Circuit
Biking
Dance
Free Weights
Swimming
Yoga/Pilates
Martial Arts
Sports: If so, what _____
Calisthenics
Other: _____

What is your current activity level?

None
Moderate (1-5 hours a week)
Little (Less than one hour a week)
High (Over 5 hrs. a week)

Have you had any recent weight gain or loss? Yes No
If yes, please explain.

List your top 3 nutrition questions or concerns.

Tobacco Use:

I currently smoke
I quit smoking less than six months ago
I quit smoking over six months ago
I never used tobacco

Alcohol Use:

I frequently drink alcohol
I occasionally drink alcohol
I seldom drink alcohol
I never drink alcohol

Do you take any vitamins, minerals, or supplements? Yes No

If yes, which ones?

Do you have any food allergies? Yes No

If yes, please explain:

How often do you eat?

6 or More Times a Day

3-4 Times a Day

Less Than 2 Times a Day

Whenever Hungry

Strictly Breakfast, Lunch, and Dinner

How often do you eat out?

Almost Every day

Less Than Once a Week

Less Than Once a Month

A Few Times a Week

A Few Times a Month

Rarely or Never

Are you currently on any special diet? Yes No

If yes, please explain.

Have you ever had a nutrition assessment done before? Yes No

If yes, please explain.

Prepare a 3-Day food journal

Please be as specific as possible.

See example below:

Day 1 -

Time/ Food/Drink and Amount Eaten

12:00pm Turkey Sandwich 2 slices wheat bread, 3 slices turkey, 1 leaf lettuce