



HEALTH STATUS

PART IA. PERSONAL INFORMATION

Name

Date

Address

Primary Phone #

Email

Secondary Phone #

Personal Physician

Physician Phone #

D.O.B

Age

Age You Feel

Date of Last Physical

Emergency Contact

Phone #

Occupation

How Did You Find Us?

PART IB. TO BE COMPLETED BY PERSONAL TRAINER:

Weight

Height

BMI

mm/hg
Blood Pressure

B.P.M.
Resting Heart Rate

BODY COMPOSITION ASSESSMENT:

Suprailiac

Thigh

Triceps

Subscapula

Mid - Axillary

Chest

Abdominal

BF%

lbs/kg
Fat Mass

lbs/kg
Lean Body Mass

CIRCUMFERENCE MEASUREMENTS:

Waist

Hip

Right Thigh

Left Thigh

Chest

Right Arm

Left Arm

Neck

Left Calf

Right Calf

PART II. MEDICAL HISTORY

Have you had any family history of chronic disease (heart disease, diabetes, etc.)? YES / NO

IF YES, please list _____

Have you ever been diagnosed or treated for any chronic disease (including asthma)? YES / NO

IF YES, please list _____

Are you currently taking any medications? YES / NO

IF YES, please list _____

Have you ever had your thyroid hormone levels checked? YES / NO

IF YES, please elaborate _____

PART III. HEALTH RELATED BEHAVIOR

Do you smoke? YES / NO IF YES how much? _____

Do you drink alcohol regularly? YES / NO IF YES how much? _____

How many times on average do you eat fast food per week?

Never 1 2 3 4 5 6 7 8 9 10 or more

How many hours of sleep do you normally get per night?

1 2 3 4 5 6 7 8 9 10 or more

PART IV. PSYCHOLOGICAL

I am an impatient, time conscious, hard driving individual.

Disagree 1 2 3 4 5 6 7 8 9 10 *Agree*

I have a positive attitude towards things.

Never 1 2 3 4 5 6 7 8 9 10 *Always*

My job stresses me out.

Disagree 1 2 3 4 5 6 7 8 9 10 *Agree*

I am in the best shape of my life.

Disagree 1 2 3 4 5 6 7 8 9 10 *Agree*

I would rate my current health:

Horrible 1 2 3 4 5 6 7 8 9 10 *Great*

I am serious about achieving my goals.

Not very 1 2 3 4 5 6 7 8 9 10 *Extremely*

PART V. GOALS

Do you have any health related goals (i.e. lower blood pressure, etc.)? YES / NO

IF YES, please list _____

Do you have any specific goals related to body composition (i.e. weight loss, build muscle, etc.)? YES / NO

IF YES, please list _____

Do you wish to achieve any of these goals in a specific time frame? YES / NO

IF YES, explain _____

FITNESS STATUS

PART I. FITNESS INFORMATION

What type of duties do you perform at work?

Have you had any injuries related to physical activity? YES / NO

IF YES, please list _____

Do you suffer from any chronic pain? YES / NO

IF YES, please list _____

Have you ever participated in resistance/weight training before? YES / NO

IF YES, did you receive any instruction? YES / NO

Have you ever trained with a personal trainer before? YES / NO

IF YES, please explain: _____

Are you currently involved in an exercise regimen? YES / NO

IF YES, please list forms of exercise: _____

IF NO, when were you last exercising routinely? _____

How many days per week do you accumulate 30 minutes of moderate activity?

0 1 2 3 4 5 6 7 days per week

How many days per week do you accumulate at least 20 minutes of vigorous activity (i.e. continuous heavy lifting or sprinting)?

0 1 2 3 4 5 6 7 days per week

PART II. PSYCHOLOGICAL

When would you say you were in the best shape of your life? How did you feel?

I would rate my current physical fitness:

Horrible 1 2 3 4 5 6 7 8 9 10 Great

My physical fitness is important to me.

Not very 1 2 3 4 5 6 7 8 9 10 Extremely

I enjoy exercising.

Not very 1 2 3 4 5 6 7 8 9 10 Extremely

I can succeed in achieving my goals.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

PART III. GOALS

Do you have any performance or fitness related goals (i.e. increase 10K time, bench press)? YES / NO

IF YES, please list _____

Do you wish to achieve these goals in a specific time frame? YES / NO

IF YES, explain _____

PART IV. TRAINING PREFERENCES

I enjoy to be pushed (challenged) to the limit.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

I am willing and able to perform recommended exercise (i.e. cardio, stretching, etc.) on my own time.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

How many coaching sessions per week is desirable?

1 2 3 4 5 6 7 Depends on trainer's recommendation

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Early Morning Late Morning Early Afternoon Late Afternoon Early Evening Late Evening	Early Morning Late Morning Early Afternoon Late Afternoon Early Evening Late Evening	Early Morning Late Morning Early Afternoon Late Afternoon Early Evening Late Evening	Early Morning Late Morning Early Afternoon Late Afternoon Early Evening Late Evening	Early Morning Late Morning Early Afternoon Late Afternoon Early Evening Late Evening	Early Morning Late Morning Early Afternoon Late Afternoon Early Evening Late Evening	Early Morning Late Morning Early Afternoon Late Afternoon Early Evening Late Evening

Please indicate which days and times are you available for coaching sessions.

PART V. QUESTIONS

Please write your top 2 fitness related questions.

1. _____
2. _____

NUTRITION STATUS

PART I. PERSONAL INFORMATION

Have you worked with a nutritionist or used a diet program (i.e. Weight Watchers) before? YES / NO

IF YES, what were the results? _____

Have you been on a diet before (i.e. Atkins, Zone, etc.)? YES / NO

IF YES, what were the results? _____

How long did the diet/results last? _____

PART II. NUTRITION KNOWLEDGE

Do you know how to differentiate between Carbohydrates, Fats, and Proteins? YES / NO

Do you understand what a Calorie represents? YES / NO

IF YES, please explain _____

Do you understand the concept of caloric balance? YES / NO

IF YES, please explain _____

PART III. NUTRITION HABITS

How long after you wake up before you consume your first meal on average?

Less than 1 hour *1 an hour or more* *1-2 hours* *3 or more hours*

How many times do you eat per day on average?

1 2 3 4 5 6 7 8 9 10 or more

I eat in response to stress.

Disagree 1 2 3 4 5 6 7 8 9 10 *Agree*

PART IV. FLUID CHOICES

How many cups of water do you drink per day on average (1 cup = 1 glass)?

0 1 2 3 4 5 6 7 8 9 10 or more

How many servings of juice/drink (i.e. Snapple, orange juice) do you drink per day on average?

0 1 2 3 4 5 6 7 8 9 10 or more

How many servings of regular soda do you drink per day on average (1 serving = 1 12oz. can)?

0 1 2 3 4 5 6 7 8 9 10 or more

How many cups of caffeinated beverages (i.e. coffee, tea) do you drink per day?

0 1 2 3 4 5 6 7 8 9 10 or more

PART V. FOOD CHOICES

How many servings (1 cup or size of fist) of vegetables do you eat per day on average?

0 1 2 3 4 5 6 7 8 9 10 or more

How many servings (1 cup or size of fist) of protein (meat) do you eat per day on average?

0 1 2 3 4 5 6 7 8 9 10 or more

How many servings (1 cup or size of fist) of carbohydrates (i.e. potatoes, bread, pasta, cereals) do you eat per day on average?

0 1 2 3 4 5 6 7 8 9 10 or more

How many times per week on average do you eat candy & dessert foods?

0 1 2 3 4 5 6 7 8 9 10 or more

PART VI. PSYCHOLOGICAL

I would rate my current diet:

Horrible 1 2 3 4 5 6 7 8 9 10 Great

I would rate my self-discipline with regards to eating:

Horrible 1 2 3 4 5 6 7 8 9 10 Great

I feel comfortable limiting my food intake by counting calories.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

I am serious about achieving my goals.

Not very 1 2 3 4 5 6 7 8 9 10 Extremely

PART VII. DIETARY SUPPLEMENTS

Do you currently take any dietary supplements? YES / NO

IF YES, please list _____

Have you taken dietary supplements in the past? YES / NO

IF YES, what were the results? _____

I'm willing to incorporate dietary supplements into my training program.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

PART VIII. QUESTIONS

Please write your top 2 nutrition related questions.

1. _____

2. _____