

Physique Athlete Assessment Tool



CLIENT PERSONAL INFORMATION

Name: _____ Date: _____

Age: _____ Gender: _____ Height: _____ Weight: _____

**Height without shoes.*

***Weight in the morning, fasted, after voiding.*

Physician Name and Phone #: _____

Emergency Contact Name and Phone #: _____

EXERCISE

What exercise activities do you currently take part in (e.g., running, weightlifting, group exercise, etc.)?

How many days per week do you complete resistance training?

What is your typical training split?

How many days per week do you complete endurance or aerobic training?

What is your typical cardio split? (minutes, modality, etc.)

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What is your experience in physique sports?

Have you ever competed? If so, how many times and at what level?

If you're planning on competing in a physique competition, what division are you hoping to be in and why?

DIET

How many meals per day do you eat?

How many times per week do you eat out?

Are you comfortable meal prepping and cooking at home?

Do you know how to track our macronutrients? If so, what method do you use? If you track your macronutrients, please detail what a typical week looks like.

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Are you currently following any kind of diet? If so, what diet and for what reason(s)?

On a scale of 0 to 10, how effectively are you able to control your temptations for food?

How many alcoholic drinks do you consume per week?

How much water do you consume per day?

Do you consume caffeinated beverages such as coffee, tea, soda, and/or energy drinks? If so, how many per day?

LIFESTYLE

How many hours of sleep do you get per night?

On a scale of 0 to 10, how would you rate your average level of stress?

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What techniques do you currently use to manage your stress levels?

Do you smoke tobacco or use a vaporizer alternative?

Do you or have you taken any anabolic agents (e.g., testosterone, SARMs, etc.)?

OCCUPATION

What is your occupation?

Does your occupation require extended periods of sitting? (If YES, please explain.)

Does your occupation require repetitive movements (If YES, please explain.)

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Does your occupation require you to wear shoes with a heel (e.g., dress shoes, work boots)?

SPORT AND RECREATION

Do you engage in organized sport? If so, please describe the sport you play and the training and practice schedule.

Do you partake in any recreational physical activities (golf, skiing, etc.)? (If YES, please explain.)

Do you have any additional hobbies (gardening, fishing, music, etc.)? (If YES, please explain.)

MEDICAL

Please list out any past musculoskeletal injuries:

Please list out any past surgeries:

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If you have experienced injuries or surgeries, were they properly rehabilitated and did you receive clearance from a doctor to return to physical activity?

Do you have any chronic health conditions (such as, but not limited to, cardiovascular disease, pulmonary disorders, hypertension, diabetes, or cancer)? (If YES, please explain.)

Are you on any medications, and if so, have you received clearance from your doctor to take part in physical activity?

Additional Notes: _____
