NEW CLIENT QUESTIONNAIRE

Name:

Assessment Questionnaire:

Goal:

Years at present weight:

What would you specifically like to change or improve about your physique or figure?

Why is this important?

Why now?

Do you have a time frame in mind to achieve these goals Y or N if yes, what is it?

How committed are you to achieving this goal? Low priority 1 2 3 4 5 6 7 8 9 10 high priority

Activity level: low (0-2 days) moderate (3-5 days) high (4-7 days) Cardio or Resistance training

How long do you spend working out typically?

How many times a day do you eat, include snacks?

At what point in time were you in the best shape of your life?

When did you first start thinking of getting in better shape?

What stopped you in the past? (if applicable)

What do you feel will be different this time?(if applicable)