

# GOAL SETTING

How can we, as personal trainers, help you?

This form is so we can properly analyze how to best get you to your goals, with no guess work.

Please Check That Which Applies.

<input type="checkbox"/> Lose Body Fat	<input type="checkbox"/> Balance; Bone Density Enhancement	<input type="checkbox"/> Design a More Advanced Program
<input type="checkbox"/> Develop Muscle Tone	<input type="checkbox"/> Help Improve HBP; Type II Diabetes; Etc.	<input type="checkbox"/> Sports Specific Training
<input type="checkbox"/> Rehabilitate an Injury	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Increase Muscle Size
<input type="checkbox"/> Recovery from a Stroke.	<input type="checkbox"/> Get Back in Shape	<input type="checkbox"/> Fun
<input type="checkbox"/> Strength Building for: Parkinson's; Fibromyalgia; CMT. Etc.	<input type="checkbox"/> Military PT	<input type="checkbox"/> Motivation
	<input type="checkbox"/> Start an Exercise Program	<input type="checkbox"/> Other _____

1. Please list in order of priority, the fitness goals you'd like to achieve in the next 3-12 Mths?

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

2. How will you feel once you've achieved these goals? Be specific.

\_\_\_\_\_

3. Where do you rate health in your life? Low priority. Medium Priority. High priority. (circle)

4. How committed are you to achieving your fitness goals? Very. Semi. Not very. (circle)

5. What is the most important thing we can do to help you achieve your fitness goals?

\_\_\_\_\_

6. What do you feel are obstacles, or your potential 'actions', behaviors or activities, that could *impede* your progress towards accomplishing your goals (i.e. not training consistently, upcoming vacation, busy season at work, not following the program, allowing other responsibilities to become a priority over exercise, etc.).

\_\_\_\_\_

7. Please briefly outline 3 methods that you plan to use to overcome these obstacles:

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

## MISCELLANEOUS QUESTIONS:

1. How did you hear about us? (circle). Post card. Word of mouth. Google. Facebook. Website. Referral (name) \_\_\_\_\_. Other \_\_\_\_\_

2. Why did you choose to train with Body By Wally instead of another organization? (circle) Location. Our reputation. Cost. Word of Mouth. Our training methods & style. Google ratings. Other \_\_\_\_\_

3. What would cause you to discontinue training with us?

\_\_\_\_\_