

# GOAL SETTING & BACKGROUND

***This Form Is So We Can Properly Analyze How To Best Get You To Your Goals,  
With No Guess Work.***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**YOUR GOALS:** Please Check That Which Applies.

<input type="checkbox"/> Lose Body Fat	<input type="checkbox"/> Sports Specific training	<input type="checkbox"/> Rehabilitate an injury
<input type="checkbox"/> Develop Muscle Tone	<input type="checkbox"/> Accountability/Motivation	<input type="checkbox"/> Recovery from a Stroke
<input type="checkbox"/> Increase Muscle Size; Strength; & overall Fitness	<input type="checkbox"/> Military PT	<input type="checkbox"/> <i>Strength building for:</i> Parkinson's; Fibromyalgia; CMT.
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Balance. Bone density	Et c. Other _____
<input type="checkbox"/> Get back in shape	<input type="checkbox"/> <i>Help improve:</i> HBP; Type II Diabetes; etc.	
<input type="checkbox"/> A more advanced program		

1. Previous / present day **sports or activity (& How Many Yrs):** \_\_\_\_\_  
\_\_\_\_\_
2. **Please list the 2-3 TOP fitness goals you'd like to achieve in the next 3-12 Months.**  
\_\_\_\_\_
3. **What's the reason you decided to use a Personal Trainer at this particular time, & not sooner?**  
*Please be specific:* \_\_\_\_\_  
\_\_\_\_\_
4. On a **scale of 1 – 10**, 10 being "I'm all in" where are you? \_\_\_\_\_?
  - Why? \_\_\_\_\_
5. **What are the Obstacles, Behaviors, or Activities, that could *impede* reaching your goals, or that have done so in the past. (*i.e. not training consistently, busy at work, not following a fitness program properly, allowing other responsibilities to become a priority over your health, boredom/not fun, no immediate results, lack of accountability, too hard or too easy, cost, etc.*)**  
\_\_\_\_\_  
\_\_\_\_\_
6. **What is the # 1 thing that 'WE' as trainers, can do to help get you to where you've been wanting to go?**  
\_\_\_\_\_
7. **What would you DO NOW that you've not in the past?** \_\_\_\_\_  
\_\_\_\_\_

## **MISCELLANEOUS QUESTIONS:**

1. **How did you hear about us?** (*circle*). Post card. Word of mouth. Google. Yelp. 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 \_\_\_\_\_