

**Client Questionnaire**

Name:

Age:

Height:

Current weight:

Goals (check all that apply)

\_\_\_\_Muscle Building

\_\_\_\_Weight Loss and/Fat Loss

\_\_\_\_Strength Building

\_\_\_\_Lifestyle Change

\_\_\_\_Healthy Food Habits

Current cardio/number of sessions and duration each week:

\_\_\_\_\_ Sessions

\_\_\_\_\_ Minutes / Intervals

\_\_\_\_\_ Types

Current Lifting regimen:

Current nutrition regimen (honesty please):

Do you have any injuries or health conditions?

Any Food Allergies?

Are you a Vegan or Plant based?

Current supplementation if applicable:

What is your dieting/coaching history?

How often have you dieted for weight or fat loss over the last 5 years?

What types of diets have done?

Why do you believe those diets failed?

Have you tracked macros?

What does your daily schedule look like? (work, school, gym, etc)

Are you ready to fully commit to changing your lifestyle accomplish your health and fitness goals?