



FITNESS QUESTIONNAIRE

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Fitness Questionnaire

HOW MANY DAYS PER WEEK DO YOU CURRENTLY TRAIN?

One Two Three Four Five Six Seven

IF NOT CURRENTLY TRAINING, HOW LONG SINCE YOU HAVE PARTICIPATED IN CONSISTENT WEEKLY TRAINING OF ANY SORT?

1-2 Years 3-5 Years 5-10 Years 10+ Years

WHAT IS THE AVERAGE INTENSITY LEVEL OF YOUR CURRENT TRAINING SESSIONS? (0-10 MOST INTENSE)

One Two Three Four Five Six Seven Eight Nine Ten

DO YOU HAVE ANY CURRENT LIMITATIONS THAT I SHOULD BE AWARE OF INCLUDING EXISTING OR PAST INJURIES, ETC

Yes / No

PLEASE LIST HEALTH HISTORY FOR YOU AND IMMEDIATE FAMILY:

HOW IS YOUR CURRENT DAILY NUTRITION? CONSISTENCY? SUPPLEMENTS? ETC...



WHAT ARE YOUR HEALTH AND FITNESS GOALS FOR THE NEXT YEAR? 3 YEARS? 5 YEARS+?

WHAT TIME DO YOU GO TO SLEEP AND WAKE UP EACH DAY? HOW MUCH SLEEP DO YOU AVERAGE PER NIGHT?

WHERE WILL YOU BE TRAINING ON A CONSISTENT BASIS? LIST EQUIPMENT YOU HAVE ACCESS TO.

WHAT IS YOUR CURRENT OCCUPATION (DESK, HEAVY LIFTING, etc)? WHAT DOES YOUR DAILY SCHEDULE LOOK LIKE?

LIST YOUR CURRENT AGE, CURRENT WEIGHT, GOAL WEIGHT (IF APPLICABLE), CURRENT BODY FAT % IF KNOWN

WHAT MOTIVATES YOU?

ANYTHING ELSE YOU WOULD LIKE TO SHARE!