

HEALTH STATUS



Trainer

PART I. Personal Information

Name

Date

Address

Primary Phone #

Email

Secondary Phone#

Personal Physician

Physician phone #

Date of Birth

Age

Age you feel

Date of Last Physical

Emergency contact

Phone #

Occupation

How did you find us?

To be completed by Trainer

_____ pounds
Weight

_____ inches
Height

_____ BMI

_____ mm/hg
Blood Pressure

_____ B.P.M.
Resting Heart Rate

Body Composition Assessment

_____ Suprailiac

_____ Biceps

_____ Triceps

_____ Subscapula

_____ BF%

_____ lbs/kg
Fat Mass

_____ lbs/kg
Lean Body Mass

Circumference Measurements

_____ Waist

_____ Hip

_____ Thigh

_____ Calf

_____ Chest

_____ Arm

_____ Neck

PART II. Medical History

Have you had any family history of chronic disease (heart disease, diabetes, etc.)? YES / NO

IF YES please list _____

Have you ever been diagnosed or treated for any chronic disease including asthma? YES / NO

IF YES please list _____

Are you currently taking any medications? YES / NO

IF YES please list _____

Have you ever had your thyroid hormone levels checked? YES / NO

IF YES please elaborate _____

PART III. Health Related Behavior

Do you smoke? YES / NO IF YES how much? _____

Do you drink alcohol regularly? YES / NO IF YES how much? _____

How many times on average do you eat fast food per week?

Never 1 2 3 4 5 6 7 8 9 10 or more

How many hours of sleep do you normally get per night?

1 2 3 4 5 6 7 8 9 10 or more

PART IV. Psychological

I am an impatient, time conscious, hard driving individual.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

I have a positive attitude towards things.

Never 1 2 3 4 5 6 7 8 9 10 Always

My job stresses me out.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

I am in the best shape of my life.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

I would rate my current health.

Horrible 1 2 3 4 5 6 7 8 9 10 Great

I am serious about achieving my goals.

Not very 1 2 3 4 5 6 7 8 9 10 Extremely

PART V. Goals

Do you have any health related goals (i.e. Lower blood pressure, etc.)? YES / NO

IF YES please list _____

Do you have any specific goals related to body composition (i.e. Weight loss, build muscle, etc.)? YES / NO

IF YES please list _____

Do you wish to achieve any of these goals in a specific time frame? YES/NO

IF YES please explain _____

FITNESS STATUS



PART I. Fitness Information

What type of duties do you perform at work?

Have you had any injuries related to physical activity? YES / NO

If YES please list _____

Do you suffer from any chronic pain? YES / NO

If YES please list _____

Have you ever participated in resistance/weight training before? YES / NO

If YES, Did you receive any instruction? YES / NO

Have you ever trained with a personal trainer before? YES / NO

IF YES, please explain: _____

Are you currently involved in an exercise regimen? YES / NO

IF YES, please list forms of exercise: _____

IF NO, when were you last exercising routinely? _____

How many days per week do you accumulate 30 minutes of moderate activity?

0 1 2 3 4 5 6 7 days per week

How many days per week do you accumulate at least 20 minute of vigorous activity (i.e. continuous heavy lifting or sprinting)?

0 1 2 3 4 5 6 7 days per week

PART III. Psychological

When would you say you were in the best shape of your life? How did you feel?

I would rate my current physical fitness.

Horrible 1 2 3 4 5 6 7 8 9 10 Great

My physical fitness is important to me.

Not very 1 2 3 4 5 6 7 8 9 10 Extremely

I enjoy exercising.

Not very 1 2 3 4 5 6 7 8 9 10 Extremely

I can succeed in achieving my goals.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

PART IV. Goals

Do you have any performance related fitness related goals (i.e. increase 10K time, bench press)? YES / NO

IF YES please list _____

Do you wish to achieve these goals in a specific time frame? YES/NO

IF YES please explain: _____

PART V. Training Preferences

I enjoy to be pushed (challenged) to the limit.

Disagree 1 2 3 4 5 6 7 8 9 10 *Agree*

I am willing and able to perform recommended exercise (i.e. Cardio, stretching, etc.) on my own time.

Disagree 1 2 3 4 5 6 7 8 9 10 *Agree*

How many personal training sessions per week is desirable?

1 2 3 4 5 6 7 *Depends on trainer's recommendation*

Please indicate which days and times are you available for personal training sessions.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>Early Morning</i>	<i>Early Morning</i>	<i>Early Morning</i>	<i>Early Morning</i>	<i>Early Morning</i>	<i>Early Morning</i>	<i>Early Morning</i>
<i>Late Morning</i>	<i>Late Morning</i>	<i>Late Morning</i>	<i>Late Morning</i>	<i>Late Morning</i>	<i>Late Morning</i>	<i>Late Morning</i>
<i>Early Afternoon</i>	<i>Early Afternoon</i>	<i>Early Afternoon</i>	<i>Early Afternoon</i>	<i>Early Afternoon</i>	<i>Early Afternoon</i>	<i>Early Afternoon</i>
<i>Late Afternoon</i>	<i>Late Afternoon</i>	<i>Late Afternoon</i>	<i>Late Afternoon</i>	<i>Late Afternoon</i>	<i>Late Afternoon</i>	<i>Late Afternoon</i>
<i>Early Evening</i>	<i>Early Evening</i>	<i>Early Evening</i>	<i>Early Evening</i>	<i>Early Evening</i>	<i>Early Evening</i>	<i>Early Evening</i>
<i>Late Evening</i>	<i>Late Evening</i>	<i>Late Evening</i>	<i>Late Evening</i>	<i>Late Evening</i>	<i>Late Evening</i>	<i>Late Evening</i>

Do you have any friends who may be interested in personal training? YES/NO

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

PART VI. Questions

Please write your top 2 fitness related questions?

NUTRITION STATUS



PART I. Personal Information

Have you worked with a nutritionist or used a diet program (i.e. Weight Watchers) before? YES / NO

If YES what were the results? _____

Have you been on a diet before (i.e. Atkins, zone, etc.)? YES / NO

If YES what were the results _____

How long did the diet/results last _____

PART II. Nutrition Knowledge

Do you know how to differentiate between Carbohydrates, Fats, and Proteins? YES / NO

Do you understand what a Calorie represents? YES / NO

If YES please explain _____

Do you understand the concept of caloric balance? YES / NO

If YES please explain _____

PART III. Nutrition Habits

How long after you wake up before you consume your first meal on average?

Less than 1 hour 1 an hour or more 1-2 hours 3 or more hours

How many times do you eat per day on average?

1 2 3 4 5 6 7 8 9 10 or more

I eat in response to stress.

Disagree 1 2 3 4 5 6 7 8 9 10 *Agree*

PART IV. Fluid Choices

How many cups of water do you drink per day on average (1 cup = 1 glass)?

0 1 2 3 4 5 6 7 8 9 10 or more

How many servings of juice/drink (i.e. Snapple, orange juice) do you drink per day on average?

0 1 2 3 4 5 6 7 8 9 10 or more

How many servings of regular soda do you drink per day on average (1 serving = 1 12oz. can)?

0 1 2 3 4 5 6 7 8 9 10 or more

How many cups of caffeinated beverages (i.e. coffee, tea) do you drink per day?

0 1 2 3 4 5 6 7 8 9 10 or more

PART V. Food Choices

How many servings (1 cup or size of fist) of vegetables do you eat per day on average?

0 1 2 3 4 5 6 7 8 9 10 or more

How many servings (1 cup or size of fist) of protein (meat) do you eat per day on average?

0 1 2 3 4 5 6 7 8 9 10 or more

How many servings (1 cup or size of fist) of carbohydrates (i.e. Potatoes, bread, pasta, cereals) do you eat per day on average?

0 1 2 3 4 5 6 7 8 9 10 or more

How many times per week on average do you eat candy & dessert foods?

0 1 2 3 4 5 6 7 8 9 10 or more

PART VI. Psychological

I would rate my current diet.

Horrible 1 2 3 4 5 6 7 8 9 10 Great

I would rate my self-discipline with regards to eating.

Horrible 1 2 3 4 5 6 7 8 9 10 Great

I feel comfortable limiting my food intake by counting calories.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

I am serious about achieving my goals.

Not very 1 2 3 4 5 6 7 8 9 10 Extremely

PART VII. Dietary Supplements

Do you currently take any dietary supplements? YES / NO

If YES please list _____

Have you taken dietary supplements in the past? YES / NO

If YES what were the results _____

I'm willing to incorporate dietary supplements into my training program.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

PART VIII. Questions

Please write your top 2 nutrition related questions?
