



# HEALTH STATUS



## PART IA. PERSONAL INFORMATION

NAME		DATE	
ADDRESS		PRIMARY PHONE #	
NAME		SECONDARY PHONE #	
NAME		PHYSICIAN PHONE #	
D.O.B	AGE	AGE YOU FEEL	DATE OF LAST PHYSICAL
EMERGENCY CONTACT	PHONE #	OCCUPATION	HOW DID YOU FIND US?

## PART IB. TO BE COMPLETED BY PERSONAL TRAINER:

				mm/hg	B.P.M.	
WEIGHT	HEIGHT	BMI	BLOOD PRESSURE	RESTING HEART RATE		
<b>BODY COMPOSITION ASSESSMENT:</b>						
				lbs/kg	lbs/kg	
SUPRAILIAC	BICEPS	TRICEPS	SUBSCAPULA	BF%	FAT MASS	LEAN BODY MASS
<b>CIRCUMFERENCE MEASUREMENTS:</b>						
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 II. MEDICAL HISTORY

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 II. MEDICAL HISTORY

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 LIST \_\_\_\_\_



# FITNESS STATUS



## PART I. FITNESS INFORMATION

WHAT TYPE OF DUTIES DO YOU PERFORM AT WORK? Yes  No

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?

1 2 3 4 5 6 7 PER WEEK

HOW MANY DAYS PER WEEK DO YOU ACCUMULATE AT LEAST 20 MINUTES OF VIGOROUS ACTIVITY (I.E. CONTINUOUS HEAVY LIFTING OR SPRINTING)?

1 2 3 4 5 6 7 PER WEEK

## PART I. FITNESS INFORMATION

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.

NOT VERY 1 2 3 4 5 6 7 8 9 10 EXTREMELY

## PART III. GOALS

DO YOU HAVE ANY PERFORMANCE OR FITNESS RELATED GOALS (I.E. INCREASE 10K TIME, BENCH PRESS)?

Yes  No

IF YES, PLEASE LIST \_\_\_\_\_

DO YOU HAVE ANY PERFORMANCE OR FITNESS RELATED GOALS (I.E. INCREASE 10K TIME, BENCH PRESS)?

Yes  No

IF YES, PLEASE LIST \_\_\_\_\_

## PART IV. 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*

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
EARLY MORNING							
LATE MORNING							
EARLY AFTERNOON							
LATE AFTERNOON							
EARLY EVENING							
LATE EVENING							

## PART V. QUESTIONS

PLEASE WRITE YOUR TOP 2 FITNESS RELATED QUESTIONS.

1. \_\_\_\_\_
2. \_\_\_\_\_



# 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 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      OR MORE

## 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 SELFDISCIPLINE 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.

1. \_\_\_\_\_

2. \_\_\_\_\_