

M3 STRENGTH & CONDITIONING

FITNESS ASSESSMENT QUESTIONNAIRE

Please answer all questions accurately and honestly to allow us to fully determine your individual needs.

First Name : _____ Last Name : _____

Cell Phone: : _____

Email Address: _____

D.O.B. (mm/dd/year) _____ Current Age: _____

Height: _____ Weight: _____ Ideal Weight: _____

Have you ever been a member of another health club/gym? ☐ YES ☐ NO (If yes, how long?) _____ (years). _____ (months)

Have you been exercising regularly for the past six months? ☐ YES ☐ NO

Have you ever used personal training before? ☐ YES ☐ NO If yes, what did you like:

What did you NOT like?

Have you ever used nutrition coach training before? ☐ YES ☐ NO Do you know how many calories are in a gram of protein, carb, fat? ☐ YES ☐ NO

Would you like to incorporate learning about proper nutrition into your training? ☐ YES ☐ NO

In terms of my health and fitness, I would like to: ☐ Lose Weight/Fat Loss ☐ Build Lean Muscle ☐ Pass PT Test

Feel Better ☐ Improve as a student-athlete ☐ Other (specify below) _____

What specific areas would you like to target for Improvement?

Is there something happening in your life that you want to look or feel particularly good for?

Over the past ten years, how OFTEN have you started an exercise regimen? ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ to many to count ☐ never.

What external factors have derailed you in the past? ☐ Time ☐ Money ☐ No facility ☐ Procrastination ☐ Lack of Support

In your opinion, why did you fail to "stick with it"? ☐ Discipline ☐ Knowledge ☐ Experience ☐ Accountability ☐ Lack of Expertise

How much time are you willing to commit to reaching your goals? ☐ 1 to 2 Days a week ☐ 3-4 Days a week ☐ 5-6 Days a week

Who will be supporting your efforts to achieve your goals? _____

Do you have any poor health habits you would like to change? _____

When was the last time you were in the shape you desired to be in? _____

On a Scale of 1 – 10, how serious are you about achieving your goals? _____

Are there any conditions your trainer should be aware of? Be Specific _____

Tell us about your current regimen (if any) (cardio, weightlifting, etc.) _____

Other information Health information we should know. .) _____

Other information Health information we should know (continued)



