

# **Lifestyle, Pre-Exercise & Nutritional Questionnaire**

Thank you for taking time to complete this questionnaire. Please answer each question carefully and completely. This is very important information and will contribute significantly to the development and implementation of your personal exercise and fitness program.

1. What is your present occupation and describe your mental/emotional responsibilities involved (high, boring, intermittent, high & low pressure)?
2. How many hours per week do you work?
3. Please explain your physical position (sitting, standing, positional) at work and for how long under this stressor (minutes/hours).
4. How many hours daily do you spend in front of a computer/tablet?
5. How many hours daily do you spend driving?
6. On a scale of 1-10 (1=low, 10=high) what is your stress level?
7. List your three biggest sources of stress
  - 1.
  - 2.
  - 3.
8. What do you do to relieve stress?
9. Is anyone in your family overweight (mother, father, siblings, and children)?
10. Were you a high school athlete or college athlete? If yes, list sports and positions.
11. When were you in the best shape of your life?
12. What activities did you participate at that time?
13. What was your weight when you felt your best?
14. What is your current weight?
15. What is your desired weight?

16. If you are currently engaging in exercise, are you seeing results? If not, what do you feel needs to change?

17. Have you ever invested in any health and fitness services to help you reach your goals?

18. What are the best exercise times for you during a typical week?

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>AM</b>							
<b>PM</b>							

19. Do you have exercise equipment at home? If yes, please describe the type of equipment.

20. On a scale of 1-10 ((1=very poor, 10=excellent) how would you rate your nutrition?

21. How many times per day do you usually eat (including snacks)?

22. How much water do you drink daily?

23. Do you skip meals?

24. Do you eat breakfast?

25. Do you eat late at night?

26. What activities do you engage in while eating (e.g., watching television, reading, working)?

27. At work or school do you usually eat out or bring a lunch?

28. How many times per week do you eat out?

29. How many times per week do you eat fast food?

30. Do you do your own grocery shopping?

31. Do you do your own cooking?

32. Besides hunger, what other reason(s) do you eat (boredom, stress, social...)?

33. List three areas of nutrition you want to improve

1.

2.

3.

34. List the most important specific health and fitness goals would you like to achieve.

**GOAL #1:**

I want to be able to.....

in.....sessions/weeks/months

Why do you want to achieve this goal for yourself?

What do you feel are the obstacles you must overcome to achieve this goal?

List three solutions to overcome these obstacles:

1.

2.

3.

**GOAL #2:**

I want to be able to.....

in.....sessions/weeks/months

Why do you want to achieve this goal for yourself?

What do you feel are the obstacles you must overcome to achieve this goal?

List three solutions to overcome these obstacles:

1.

2.

3.

**GOAL #3:**

I want to be able to.....

in.....sessions/weeks/months

Why do you want to achieve this goal for yourself?

What do you feel are the obstacles you must overcome in achieving this goal?

List three solutions that you plan to use to overcome these obstacles:

1.

2.

3.

35. Do you have support from others (family, friends, etc.) to achieve your goals?

36. On a scale of 1-10 (1=little support, 10=most support) how would you rate your support from others?

37. What do you feel are the most important things your personal trainer can do to help you achieve your personal fitness goals?