Fitness Profile

General Information

Name: ____ **Date of Birth:** ____________

Phone: __________________________ **Email:** ____

What brought you to the decision to enroll with us? ____

Does your physician know you are starting an exercise program? Y N Physicians Name: _______________

Did your physician recommend you lose weight and/or start an exercise program? Y N

Rate yourself on a scale from 1-5 on the following (1 indicating lowest value and 5 the highest)

	1	2	3	4	5
Present Level of Cardiovascular Conditioning	☐	☐	☐	☐	☐
Present Level of Muscular Strength	☐	☐	☐	☐	☐
Present Level of Flexibility	☐	☐	☐	☐	☐
Perception of exertion on current exercise program	☐	☐	☐	☐	☐
Exercise Knowledge & effective use of equipment	☐	☐	☐	☐	☐

Fitness History

Currently Fitness Routine: ____

In the past year, how often have you engaged in physical activity (exercise, sport, recreational activity)?
Daily (5 + times per/wk) ☐ Regularly (3-4x/wk) ☐ Semi Regularly (1-2x/wk) ☐ Sporadic (1-2x/month ☐ None ☐

What activities do you enjoy doing (Leisure pursuits, sports, physical activity)?
____

What are your personal barriers to exercise (reasons for not exercising – ex. time, lack of knowledge, lack of support, etc.) ____

Do you start exercise programs but then find yourself unable to stick with them? Y N
If yes, why do you think that happens? ____

Any major fluctuations in weight the past 12 months? Y N If so what? ____________________

Have you ever been treated by: Chiropractor Physical Therapist Other
If so, when? ____________________ Why? ____

Are you content with your current physical state? Y N
If yes, why? ____

If no, when was the last time you felt most satisfied with your physical state and why?
____

Does your current state prevent you in participating in activities? Y N What?

Have you been a member of a club in the past? Y N If yes, why did you leave?

Have you ever worked with a trainer before? Y N
If yes, when and how long? If no, why?

Do you possess background knowledge in any of the following?
Nutrition ☐ Competitive Running ☐ Bodybuilding ☐ Weight Training ☐ Other ☐ ______________________

Are you accustomed to vigorous exercise? Y N

Do you ever experience the following symptoms prior, during, or after physical activity?

Muscle Cramps ☐ Neck/Back Pain ☐ Knee Pain ☐ Swelling of Joints ☐ Coughing/shortness of breath ☐

Dizziness ☐ Nausea ☐ Headaches/Migraines ☐ Grinding Joints ☐ Irregular Bowels ☐ Other ☐ ___________

Describe any pain or discomfort with any checked above:

Dull Ache ☐ Sharp Stab ☐ Numbness/Tingling ☐ Other ☐ _________________________

Are there any other physical reasons (not mentioned above) why you should not follow an exercise program?

____

Do you have any previous Injuries that prevented you from physical activity? Y N

If yes, what and when did the injury occur? ____

Have you had any previous surgeries your trainer should be aware of? Y N

If yes, what and when ____

Lifestyle

Occupation: _________________________ Years Worked: ________ Number hours work per day? __________

Does your current occupation require much activity? Y N If yes, what? __________________________

Would an exercise program benefit your job? Y N If yes, how? ________________________________

How would you rate your current level of stress? (1 no to low stress and 5 very high stress)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

What areas of your life cause you the most stress?

Work ☐ Home ☐ Education ☐ Finances ☐ Family ☐ Health ☐ Fitness ☐ Social ☐ Other ☐ ________

How do you usually deal with your stress?

____

____

How many hours of sleep to you get each night? ___________ Is it restful? Y N

What time of day are your energy levels best? Mornings ☐ Afternoons ☐ Evenings ☐

Is there a time of the day you feel you have very low energy? Y N If yes, when? __________________

Do you currently smoke/vape? Y N If yes, for how long? _________ How much per day? __________

Did smoke previously and quit? Y N If yes, how long did you smoke and how much? _______________

How many alcoholic beverages do you consume in a typical week?

0 ☐ 1-3 ☐ 4-7 ☐ 8-12 ☐ 12-16 ☐ 16-20 ☐ 21+ ☐

Fitness Goals

Rank your goals in starting an exercise program using the scale below.

	Not Important		Somewhat Important		Extremely Important
Body Fat Loss (weight loss)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Improve Cardiovascular Fitness	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Reshape/Tone Body	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Build Muscle	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Improve Performance for specific sport	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Improve Mood & Stress Level	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Improve Flexibility	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Improve Strength	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Increase Energy Levels	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Life Enjoyment	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Overall Health Improvement	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Ensure workouts are fun	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Maintain Motivation to Succeed	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Improve Efficiency of Workouts	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Exercise Safely & with Proper Form	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Maintain Workout Consistency	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Utilize a program specific to goals	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

What specifically do you hope to achieve at the club?

Goal 1: __________________________ Goal 2: ________________________Goal 3: _______________________

What is your current plan to achieve those goals?

____

____

Rate the importance of achieving your goals in relation to other priorities in your life? (1 lowest and 10 highest)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Rate how committed you are to achieving your goals? (1 lowest and 10 highest)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Does your significant other or close friend/family member support your efforts in achieving your goals? Y N

How many times a week do you see yourself attending the club? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+ ☐

How long each gym visit can you dedicate to working out? 30 Min ☐ 45 min ☐ 60 min ☐ Other ☐ _______

Which days are better? Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday ☐

What time of the day? Mornings 5-8 am ☐ Mornings 8-12 ☐ Afternoons 12-5 ☐ Evenings 5-8 ☐ Weekends ☐

Nutrition

How many meals a day to you typically eat? 1 2 3 4 5

How many snacks do you typically have in a day? 1 2 3 4 5

What would you estimate your average calorie intake to be per day?

Under 1000 ☐ 1000-1500 ☐ 1500-2000 ☐ 2000-2500 ☐ 2500-3000 ☐ 3000+ ☐ Have no idea ☐

If you eat snacks, what types of snacks you normally have? ____

Do you find yourself feeling hungry a lot of the time? Y N

How much protein do you typically intake in a day?

0-15g ☐ 15-30g ☐ 30-45g ☐ 45-60g ☐ 60-75g ☐ 75-100g ☐ 100-125g ☐ 125g+ ☐ no idea ☐

Do you eat breakfast regularly? Y N If how soon upon waking? ________________________

How many caffeinated beverages do you consume per day?

0 beverages ☐ 1-2 ☐ 2-4 ☐ 4-6 ☐ 6-8 ☐ 8 or more ☐

How many ounces of water per day do you typically drink?

0-5 ounces ☐ 5-15 ☐ 15-30 ☐ 30-45 ☐ 45-60 ☐ 60-75 ☐ 75-100 ☐ 100-125 ☐ 125+ ☐

How long after last meal do you go to sleep? __________________________

How many times per week do you go out to eat at a restaurant or eat fast food?

0 Times ☐ 0-2 ☐ 2-4 ☐ 4-6 ☐ 6-8 ☐ 8-10 ☐ 10-12 ☐ 12 or more ☐

Are you taking any supplements? Y N If yes, how much and what?

____

____

Do you have any current dietary restrictions? Y N If yes, what ________________________________

Do you have any food allergies? Y N If yes, what ____

Have you ever worked with a nutrition coach? Y N

Would you be interested in a complimentary wellness evaluation? Y N

Have you ever been on any kind of weight loss program or diet? Y N

If yes, what and how were the results ____

If you could change one aspect of your diet/nutrition program what would you do?

____

____