

QUESTIONNAIRE:
To be filled out ONLY after having decided to hire Fit 2 a T Personal Training;
This is NOT a contact form
All info is confidential and remains in client file

General Information:

Name: _____

Age: _____

Address: _____

Email: _____

Best phone number: _____

Canadian Client ? (time zone) _____

Current Weight: _____ Desired Weight: _____
Occupation: _____ Can you eat when you want? _____

Bone Structure: Small Medium Large
Height: _____ Male: Female: Date of Birth: _____

Activity Level: Very Low Low Medium High Very High

Do you smoke? No: Yes: If Yes, Packs/Day: _____

Do you drink alcohol? No: Yes:

Fitness Goals Compete? Weight loss? Build muscle? Athletic conditioning?
(If competition, fill out following ©)

Name and Date of Show: _____ League: _____
Competition History (if any): _____
Class: _____

dietary habits:

- 1) Have you tried "dieting" before? _____
- 2) Do you cook at home? Family eat at home? Explain:

- 3) Do you have mid morning and afternoon dips in energy? _____
- 4) How many meals (on average) do you consume daily? _____
- 5) Do you snack between these meals? If so what? _____
- 6) What time do you wake up? Go to bed? Consistently? _____

- 7) What dairy do u eat and how often? _____
- 8) How much water do you drink daily? _____
- 9) Do you wake up hungry? _____
- 10) How many times have you lost or gained more than 20 lbs (not incl. pregnancies) _____
- 11) Are you a sugar, salt, or fat craver? _____
- 12) Are you allergic to any foods? Or lactose intolerant? Any foods you refuse to eat?

- 13) Do you wake up hungry? _____ What is the first thing you do upon waking?
(ie: drink coffee, eat; explain: _____)
- 14) Are you a coffee drinker? How much/what type/how often? _____
- 15) Are you "addicted" to any types of stimulants? (monsters, 5 hr energies, caffeine, fat burners, or anything else?) _____
- 16) Have you ever had your thyroid/ adrenal glands tested or think you have an issues?

- 17) If you could only eat at ONE fast food restaurant from now on, name it. _____
- 18) Family Health History as applies to weight loss, heart disease, diabetes, high blood pressure?

- 19) Do you have any history of depression, eating disorders of any kind?

20) List all medications you are currently taking?

21) Have you worked with trainers/nutritionist/dietitians before and if so, attach any revelant information in order for me to better compile your plan.

INCLUDE ANY PLANS, REGIMENTS YOU HAVE TRIED IN THE LAST 12 MONTHS AND EXPLAIN ANY RESULTS (GOOD OR BAD)

I completely understand the confidentiality side of this question, BUT if there is something I need to know as far as what worked for you, what didn't, especially any extreme measures for fat loss, dehydration are vital to your new plan.

YOUR SCHEDULE

Outline your daily Schedule: Include what time you wake, leave the house, get to work, work shifts (and if they vary, what days they vary), when you train, do cardio, lifestyle commitments (ie: drive my kids to soccer every tues at 6pm), get home, make dinner, go to bed;

The more times and details I have on your schedule, the more I can make your diet better fit your lifestyle;

