



**Fitness and Nutrition Questionnaire:**

We are dedicated to helping you achieve maximum results through your fitness program. The following fitness and nutrition questionnaire will help us build a customized plan to suit your individual needs and lifestyle. Please fill out the questions below as accurately as possible to help us better assist you with your goals. You can email it back or bring it with you on our first meeting.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**In case of emergency, please notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Occupation:

2. Height:

3. Weight:

4. Goal Weight Range:

5. Estimated Body fat %:

6. Fitness Goals: (Example: lose weight, tone up, build muscle etc.)

-1.)

-2.)

-3.)

7. Foods you dislike?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Do you usually eat breakfast? If so, what do you typically eat for breakfast?
  
9. What do you typically eat for lunch?
  
10. What do you typically eat for dinner?
  
11. How often do you eat out? (For example: 3 times per week)
  
12. Do you have the tendency to snack a lot? If so, what do you tend to snack on?
  
13. Are you interested in meal-delivery or preparation services?
  
14. What type of nutrition programs interest you? Would you be open to tracking your food in MyFitnessPal?
  
15. What is your biggest downfall with nutrition?
  
16. What beverages do you consume on a regular basis?
  
17. Do you cook for yourself?
  
18. Do you take vitamins/ supplements? If so which ones?
  
19. Are you interested in learning more about what vitamins and supplements you should be taking?
  
20. How many hours of sleep do you get per night?
  
21. How often do you exercise?

22. What is your current exercise program, and level of intensity?
22. Do you smoke? If so, how often?
23. How many ounces of water do you drink per day?
24. Do you have any food allergies?
25. Do you have any diseases, ailments, injuries or illnesses? If so, please explain.
26. What is your level of motivation? (Low) 1-10 (High)
27. How would you rate your stress level? (Low) 1-10 (High)
28. Do you have a good support system at home?
29. What type of exercise programs interests you most? (Example: boot camp, boxing, HIIT, weight training)
30. Are you on any medications? If so, explain: type/ dosage/ reason
31. Have you had any surgeries, procedures or operations of any kind? If so, please explain.
32. Has your doctor ever told you your blood pressure was too high?
33. What diets or weight loss systems have you utilized in the past?
34. Is there any reason not mentioned here why you shouldn't follow an exercise program? If so, please explain: