



Nick Ward Fitness

Lets Train Together

Lifestyle Questionnaire

Name:..... Date:.....

Please fill out this form as accurately as possible. If you have any questions please leave blank and discuss with me at our consultation appointment

Physical Activity

In the last year how often have you participated in physical activity?

- 3 to 4 times per week
- 1 to 2 times per week
- 1 to 2 times per month
- Not at all

Have any physical activities worked for you?

Do you have any negative feeling, or had any bad experience with exercise? For example heart beating too fast, shortness of breath, accident or fall...

Yes (Please give details below)

No

Are there any barriers you would like to overcome to do more exercise?

What do you enjoy doing in your leisure time?



Nick Ward Fitness

Lets Train Together

Stress

Do you feel stressed? (Please circle)

Never

Rarely

Occasionally

Often

All the time

Does anything in particular make you feel stressed?

Diet

Do you think you follow a healthy diet? (Please circle)

Yes

No

Would you like diet advice? (Please circle)

Yes

No

Do you know what your calorie intake is per day? (Please circle)

Yes, it is around...../day

No, I do not know how to calculate



Nick Ward Fitness

Lets Train Together

Weight

Do you know your approximate current weight and height? (Please fill in or circle)

Height:

Weight:

I don't know but would like to know

I'd rather not know at this time

Are you happy with your current weight? If not, what would your ideal weight be?

Have you had difficulties gaining or losing weight?

Would anything in particular increase your motivation to change your weight?

Fitness

Rate yourself on a scale of 1 to 5 (i.e. 1 indicating the lowest value and 5 the highest)

What is your overall level of fitness?

1 2 3 4 5

How well can you exercise without feeling out of breath?

1 2 3 4 5

How strong do you feel you are?

1 2 3 4 5



Nick Ward Fitness

Lets Train Together

How flexible do you think you are?

1 2 3 4 5

How much time are you able to spend exercising?

.....minutes a day for.....days per week

What types of exercise would interest you?

Goals

Do you have any exercise goals to achieve in the next:

1 Month:

3 Months:

1 Year:

Please circle your 3 most important reasons for exercising:

Improve overall health

Improve cardiovascular fitness

Reshape or tone my body

Improve performance for a particular sport

Improve moods and ability to cope with stress

Improve flexibility

Increase strength

Increase energy levels

Enjoyment