COMMUNITY & RECREATION CENTER
AT BOYCE MAYVIEW PARK

Date Received: _____

Personal Fitness & Nutrition Development Questionnaire

Please complete the below application and submit to the C&RC Control Desk. The application will be reviewed by the C&RC Fitness Staff and a Personal Trainer, which best suits your needs, will be selected and will contact you to schedule a Fitness Assessment.

First Name: _____ Last Name: _____

Phone Number: _____ E-mail: _____

Address: _____ City/State/Zip: _____

Age: _____ Gender: _____ Emergency Contact: _____

What are your Fitness & Nutrition goals? (Check top 3 most important goals)

- ☐ Learn to eat a Balanced Diet
- ☐ Learn to Balance Activity & Diet
- ☐ Create a Healthy Lifestyle
- ☐ Improve Overall Health
- ☐ Maintain a Healthy Weight
- ☐ Decrease Body Fat
- ☐ Reduce Stress
- ☐ Feel Better
- ☐ Increase Flexibility
- ☐ Increase Endurance
- ☐ Tone Muscles
- ☐ Increase Strength & Power
- ☐ Improve Speed/Agility
- ☐ Improve Athletic Performance
- ☐ Other: _____

What is keeping you from achieving your Fitness & Nutrition goals? (Check all that apply)

- ☐ Lack of Motivation
- ☐ Hitting a Plateau
- ☐ Money
- ☐ Time
- ☐ Self Conscious
- ☐ Lack of Results
- ☐ Lack of Equipment
- ☐ Not Knowing Where/How to Begin
- ☐ Other: _____

What motivates you? (Check all that apply)

- ☐ Seeing Results
- ☐ Accountability
- ☐ Having Fun
- ☐ Feeling Better
- ☐ Praise/Rewards
- ☐ Other: _____

Do you follow a current exercise regime? ☐ Yes ☐ No
If yes, please explain.

Are there any physical limitations that would inhibit or limit your participation in an exercise program?

Have you ever done personal training before? ☐ Yes ☐ No:
If yes, please Explain: (How long ago? Was your experience beneficial?)

What do you expect from a personal trainer?

Please list any other information your trainer may find useful in preparing a workout routine for you:

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What activities/exercises do you currently participate in? (Check all that apply)

- ☐ Running/Walking
- ☐ Biking
- ☐ Swimming
- ☐ Outdoor Activities
- ☐ Recreational Activities
- ☐ Golf
- ☐ Aerobics
- ☐ Dance
- ☐ Yoga/Pilates
- ☐ Martial Arts
- ☐ Calisthenics
- ☐ Conditioning
- ☐ Strength Circuit
- ☐ Free Weights
- ☐ Resistance Training
- ☐ Athletics: If so, what_____
- ☐ Other: _____
- ☐

What is your current activity level?

- ☐ None
- ☐ Little (Less than one hour a week)
- ☐ Moderate (1-5 hours a week)
- ☐ High (Over 5 hrs. a week)

What activities/exercises did you participate in the past? (Check all that apply)

- ☐ Running/Walking
- ☐ Biking
- ☐ Swimming
- ☐ Outdoor Activities
- ☐ Recreational Activities
- ☐ Golf
- ☐ Aerobics
- ☐ Dance
- ☐ Yoga/Pilates
- ☐ Martial Arts
- ☐ Calisthenics
- ☐ Conditioning
- ☐ Strength Circuit
- ☐ Free Weights
- ☐ Resistance Training
- ☐ Athletics: Which Sports_____
- ☐ Other: _____
- ☐

What was your past activity level?

- ☐ None
- ☐ Little (Less than one hour a week)
- ☐ Moderate (1-5 hours a week)
- ☐ High (Over 5 hrs. a week)

Height: _____ Weight: _____

Have you had any recent weight gain or loss? ☐ Yes ☐ No
If yes, please explain.

List your top 3 nutrition questions or concerns.

Tobacco Use:

- ☐ I currently smoke
- ☐ I quit smoking less than six months ago
- ☐ I quit smoking over six months ago
- ☐ I never used tobacco

Alcohol Use:

- ☐ I frequently drink alcohol
- ☐ I occasionally drink alcohol
- ☐ I seldom drink alcohol
- ☐ I never drink alcohol

Do you take any vitamins, minerals, or supplements? ☐ Yes ☐ No
If yes, please explain:

List current medications and reason for taking:

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Do you have any food allergies? ❑ Yes ❑ No
If yes, please explain:

How often do you eat?

- ❑ 6 or More Times a Day
- ❑ 5-6 Times a Day
- ❑ 3-4 Times a Day
- ❑ Strictly Breakfast, Lunch, and Dinner
- ❑ Whenever Hungry
- ❑ Less Than 2 Times a Day

How often do you eat out?

- ❑ Almost Every day
- ❑ A Few Times a Week
- ❑ Less Than Once a Week
- ❑ A Few Times a Month
- ❑ Less Than Once a Month
- ❑ Rarely or Never

Are you currently on any special diet? ❑ Yes ❑ No
If yes, please explain.

Have you ever had a nutrition assessment done before? ❑ Yes ❑ No
If yes, please explain.

Prepare a 3-Day food journal and attach to this document or email to our dietitian. See example below:

Day 1 - Please be as specific as possible.

Time	Food/Drink	Amount Eaten
12:00pm	Turkey Sandwich	2 slices wheat bread, 3 slices turkey, 1 leaf lettuce, 1 slice tomato, 1 tsp. brown mustard

What days and times would you prefer to train and/or be contacted?

Trainer Preference:

Referred By: