

Date Received:

Personal Fitness & Nutrition Development Questionnaire

Please complete the below application and submit to the <u>C&RC Control Desk</u>. 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 mos Learn to eat a Balanced Diet Learn to Balance Activity & Diet Create a Healthy Lifestyle Improve Overall Health Maintain a Healthy Weight What are your Fitness & Nutrition goals? (Check top 3 mos Decrease Body Feel Better Increase Flexibi Increase Endura	Fat Tone Muscles Increase Strength & Power Improve Speed/Agility ility Improve Athletic Performance	
What is keeping you from achieving your Fitness & Nutriti Lack of Motivation Hitting a Plateau Money Money	ion goals? (Check all that apply) 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	
Do you follow a current exercise regime? Yes IN No If yes, please explain.		

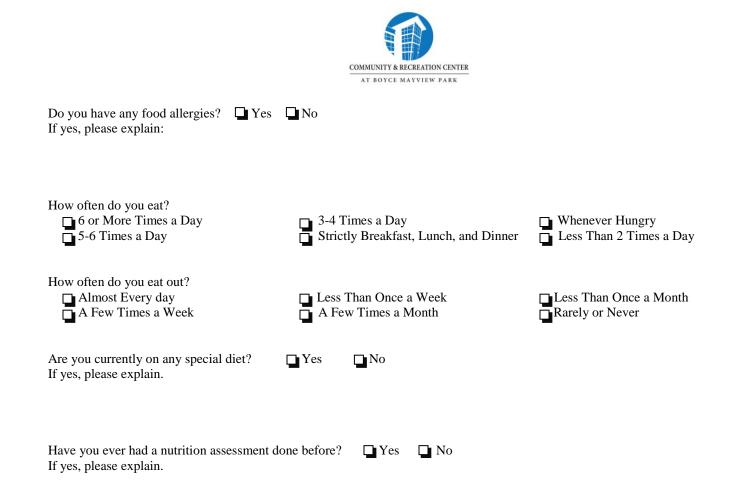
Are there any physical limitations that would inhibit or limit your participation in an exercise program?

Have you ever done personal training before? I 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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Biking Da Swimming Yc Outdoor Activities M Recreational Activities Ca	erobics ance oga/Pilates artial Arts	apply) 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)
Biking Da Swimming Ye Outdoor Activities M Recreational Activities Ca	erobics ance Doga/Pilates	apply) 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? If yes, please explain.	Yes No	
List your top 3 nutrition questions or concerns	s.	
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 supple If yes, please explain:	ements? 🗖 Yes 🗖 No	
List current medications and reason for taking	7 .	



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: