



HEALTH & LIFESTYLE QUESTIONNAIRE

1. What activities have you done in your past? _____
2. What time of the day do you exercise? _____
3. Why do you exercise? _____
4. What do you like about exercise? _____
5. What do you dislike about exercise? _____
6. What is your favourite activity? _____
7. Have you ever done weight training exercise before? If yes, what? _____ /WK _____
8. What types of exercises/activities would you like to try? _____
9. What are some things from your past that you feel proud about? _____
10. What energizes you in the present? _____
11. What are you looking forward to in the near future? _____
12. How do you feel about your current fitness level? _____
13. Is it important to you to be healthy? **Yes / No**
14. Do you eat breakfast _____ lunch _____ dinner _____ snacks _____
15. How are your eating habits? _____
16. What is your favourite food? _____
17. What is your favourite drink? Per day ? _____ Cal/WK _____ Cal/Y _____
18. Do you follow any dietary plan? **Yes / No**
19. How many glasses (250 ml) of water do you drink per day? _____
20. What is your current body weight? _____ 1 year ago: _____ 10 years ago: _____

GOAL SETTING

GOAL #1: _____

ACTION STEPS

TIME

1.) _____

2.) _____

GOAL #2: _____

ACTION STEPS

TIME

1.) _____

2.) _____

GOAL #3: _____

ACTION STEPS

TIME

1.) _____

2.) _____

21. Please indicate when you plan to exercise and how long per session.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
30/45/60/90	30/45/60/90	30/45/60/90	30/45/60/90	30/45/60/90	30/45/60/90	30/45/60/90
minutes	minutes	minutes	minutes	minutes	minutes	minutes

22. Obstacles that may get in the way of my success?

1.) _____ 2.) _____

23. I will get around these obstacles by:

1.) _____ 2.) _____

24. **SUCCESS INDICATORS:**

1.) _____ 2.) _____

3.) _____ 4.) _____

25. Have you had a personal trainer before? If yes, what did you want to accomplish? _____

26. How can I help you to continue to be active and stick with your goals?

Signature: _____

Date: _____