

GETMOOREFITNESS
PERSONAL FITNESS GOALS

This questionnaire is designed to help identify specific fitness goals that pinpoint the most effective and efficient program for you.

Name: _____

Please check your fitness goals:

- | | |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Aerobic endurance | <input type="checkbox"/> Specific sport ability/job ability |
| <input type="checkbox"/> Muscular endurance | <input type="checkbox"/> Injury rehabilitation |
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> Improve back problems |
| <input type="checkbox"/> Reflexes | <input type="checkbox"/> Improve physique/body composition |
| <input type="checkbox"/> Speed | <input type="checkbox"/> Improve sleep |
| <input type="checkbox"/> Strength/Power | <input type="checkbox"/> Improve self-esteem/body confidence |
| <input type="checkbox"/> Improve balance/coordination | <input type="checkbox"/> Improve posture |
| <input type="checkbox"/> Improve eating habits | <input type="checkbox"/> Lower blood pressure |
| <input type="checkbox"/> Lower cholesterol | <input type="checkbox"/> Increase energy levels/improve mood |
| <input type="checkbox"/> Body weight: <input type="checkbox"/> Weight Loss <input type="checkbox"/> Weight Gain | <input type="checkbox"/> Lower body fat |
| <input type="checkbox"/> Stabilize blood sugar | |

What areas of your body do you want to target:

Have you participated in a weight loss or fitness program before? Yes No

If yes, please describe:

I am most successful in my fitness program when:

Please describe a typical day's eating choices and habits, including time of day:

Please check off the days and number of hours you will commit to your fitness program?

Days:

- 2-3 days per week
- 3+ days per week, state number: _____
- Weekdays
- Weekends

Hours:

- 30 minutes per day
- 45-60 minutes per day
- 60+ minutes per day

Do you have a gym membership and plan to use their facility? Yes No

If yes, name the machines uses and exercises you perform or participate in:

Improving my fitness and wellness levels is extremely important to me because:

Signature: _____ Date: _____