

Goals and Lifestyle Information Form

This goals and lifestyle information form is a helpful tool for developing a safe, effective training program for you. The information is personal and will be held confidential. *Please answer honestly and accurately.*

Name _____ Date _____

Physical Activity

In the past year, how often have you been engaged in physical activity?

- Regularly (3–7 times/week)
- Semi-regularly (3–7 times/week)
- Sporadically (1–2 times/month)
- None

What types of physical activity do you consider “fun?”

What are your personal barriers to exercise (i.e., your reasons for not exercising)?

What physical activity have you been successful with in the past (liked and participated in regularly)?

How do you think your weight affects your daily activities?

Areas of Concentration

Please check the areas that you would like to improve:

- | | |
|---|--|
| <input type="checkbox"/> Aerobic endurance | <input type="checkbox"/> Reduce blood pressure |
| <input type="checkbox"/> Back problem | <input type="checkbox"/> Sleep better: More _____ Less _____ |
| <input type="checkbox"/> Balance and coordination | <input type="checkbox"/> Specific job ability _____ |
| <input type="checkbox"/> Body fat percentage | <input type="checkbox"/> Specific sport ability _____ |
| <input type="checkbox"/> Body weight: Loss _____ Gain _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Flexibility | _____ |
| <input type="checkbox"/> Injury rehabilitation | _____ |
| <input type="checkbox"/> Muscular endurance | _____ |
| <input type="checkbox"/> Muscular strength | _____ |
| <input type="checkbox"/> Physique | _____ |

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Training Goals

How much time do you want to spend working out? _____

Why is improving your fitness and wellness levels important to you?

What goals do you have concerning your training?

What goals do you have concerning your health?

Specifically describe what you would like to accomplish through your fitness program during the next:

1 month _____

4 months _____

1 year _____

Support

Do you feel any family, friends, or co-workers have negative feelings (i.e., disapproval, resentment) towards your efforts at physical activity?

Is your significant other or a close friend involved in any regular physical activity?

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Occupation/Leisure

What is your occupation?

Does your occupation require much activity (i.e., walking, getting up and down, carrying things)?

What are your usual leisure activities?

Stressors

What types of things make you feel stressed?

How do you deal with your stress normally?

Dietary Patterns

How many meals and/or snacks do you have per day?

What would you estimate your caloric intake to be per day?

Do you feel you eat healthy “most of the time?”
