



Health Questionnaire

- 1) What are your health and fitness goals?
 - a. Lose weight
 - b. Tone up
 - c. Gain muscle mass

- 2) What areas of your body do you want to focus on?
 - a. Total body
 - b. Upper body
 - c. Mid section
 - d. Lower body

- 3) What is your current activity level?
 - a. Sedentary
 - b. Moderately active
 - c. Very Active

- 4) What is your nutrition ranking from 1-10 (10 being the best)?
 - a. _____
*If you follow a certain diet plan, have diet restrictions or intolerances, or don't like certain foods, please list below:

- 5) What is your ideal cardio routine?
 - a. Running
 - b. Biking
 - c. Elliptical
 - d. Other (list if you have another preference) _____

- 6) Do you have access to a gym? If not, do you have equipment on hand you can use?

- 7) What work out program or other physical activity have you participated in within the last 3 months?. List below:

- 8) Do you struggle with injuries or muscle imbalances? If so, list below: