REGENERATE FITNESS QUESTIONAIRE

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| Name | Date |
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| Tell me more about yourself.  By learning more about your lifestyle and your habits, I can take better care of you and make sure coaching is a good fit for your goals and individual needs. |
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| |  | | --- | | How would you prefer to be contacted? phone/email/skype/facetime | |  | |

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| Emergency contact name and phone No. |
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| What are your goals? (mark x applicable) | | | | | | | | | |
| Lose weight/fat |  | Maintain weight |  | Gain weight |  | Improve physical Fitness |  | Feel better |  |
| Add muscle |  | Get stronger |  | Improve eating habits |  | Improve physical performance |  | Look better |  |

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| Please list all of your concerns about your health, eating habits, fitness, and / or body. |
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| Which are the most important concerns? (list 3) |
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| Why are they important? |
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| Tell me what you’re prepared to do to work towards your goals. |
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| Tell me what you have tried or are trying to do to improve your eating/fitness habits. |
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| What has worked in the past? |
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| What hasn’t worked? |
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| How would you rate your current eating habits? (rate from 1 to 10) |  |

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| Tell me the obstacles that prevent you from achieving your health and fitness goals. |
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| How often do you exercise? |
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| Tell me your likes and dislikes regarding exercise. |
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| Tell me what non-exercise activity you engage in daily. eg walking, work, housework etc. |
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| Do you have any medical conditions? And if so, do you take any medications? |
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| On average, how many hours sleep do you get per night? |  |

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| Disclaimer |
| Please recognize that it is your responsibility to work directly with your health care provider before, during, and after seeking nutrition and / or fitness consultation.  Any advice provided to you, is not to be followed without prior approval of your doctor. If you choose to use advice without such approval, you agree to accept full responsibility for your decision. |

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| Signature. |
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