



Fitness Assessment Questionnaire

This questionnaire is designed to help me understand your current fitness habits, preferences, and goals. Your responses will assist me in providing you a personalized experience, ensuring support and accountability, tailored to your unique needs and goals.

Client Information

Name:

Age:

Gender:

Occupation:

Contact Information (Phone/Email):

Current Fitness Habits

1. Describe your typical weekly exercise routine:

Days of Exercise:

Types of Activities (e.g., running, weightlifting, yoga):

Duration of Each Session:

Intensity Level (light, moderate, vigorous):

2. How long have you been following this routine?

Less than 3 months

3-6 months

6-12 months

More than a year

3. Do you have any specific exercises or activities you enjoy the most?

Yes, please specify:

No

4. Are there any exercises or activities you dislike or avoid?

Yes, please specify:

No

5. Do you participate in any sports or recreational activities?

Yes, please specify:

No

6. Do you have access to any fitness equipment or facilities?

Yes, please specify:

No

Health and Lifestyle

1. Do you have any medical conditions, injuries, or physical limitations that affect your exercise routine?

Yes, please specify:

No

2. What is your current level of fitness on a scale from 1 to 10? (1 = Not fit, 10 = Very fit)

3. How would you describe your current physical activity level?

Sedentary (little or no exercise)

Lightly active (light exercise 1-3 days/week)

Moderately active (moderate exercise 3-5 days/week)

Very active (hard exercise 6-7 days/week)

Super active (very hard exercise/physical job)

4. How many hours of sleep do you typically get each night?

Less than 5 hours

5-6 hours

6-7 hours

7-8 hours

More than 8 hours

Goals and Motivations

1. What are your primary fitness goals? (Select all that apply)

Improve overall fitness

Lose weight

Build muscle

Increase strength

Enhance flexibility

Boost endurance

Prepare for a specific event (e.g., marathon, competition)

Other, please specify:

2. What motivates you to achieve these goals?

Personal health

Family or loved ones

Professional or athletic performance

Appearance or confidence

Other, please specify:

3. Have you followed any fitness programs in the past? What worked and what didn't?

4. What challenges do you face in maintaining a consistent fitness routine?

Lack of time

Lack of motivation

Lack of knowledge or guidance

Physical limitations or injuries

Social or family commitments Other,

please specify:

Accountability and Commitment:

1. How committed are you to achieving your fitness goals on a scale from 1 to 10?
(1 = Not committed, 10 = Fully committed)

2. How can I best support you in staying accountable to your fitness goals?

Regular check-ins

Offering motivational support

Nutrition coaching

Other, please specify:

Additional Information

Is there anything else you would like me to know about your fitness habits or goals?

Thank you for providing this information! It will help me to provide you with an experience that aligns with your style, goals and needs. I look forward to partnering with you and helping you achieve your goals.

