****

**5023 Central Ave, St Petersburg, FL 33710**

Name:

Contact Phone:

Contact Email:

**Coaching Program Questionnaire**

**Rank the following goals by priority (Rank 1-6 with 1 being highest priority):**

\_\_\_\_ Weight Loss / Fat Loss / Toning

\_\_\_\_ Muscle / Strength Gain / Weight Gain

\_\_\_\_ Functional Ability / Athletic Performance / Balance

\_\_\_\_ General Health / Pre-Existing Medical Condition Mitigation

\_\_\_\_ Bodybuilding / Physique Competition / Aesthetic

\_\_\_\_ Longevity / General Fitness / De-Aging

\_\_\_\_ Other:

**Current Stats:**

Age:

Height: Weight: Weight History (last 3 years):

Chest Measurement (at areola, chest expanded):

Waist Measurement (at belly button, stomach sucked in):

Hip Measurement (at greatest circumference, glutes flexed):

Percent Body-Fat (if known): Measurement method:

**Trainer / Coaching Experience?**

Have you worked with a trainer or coach before? (Y/N)

If yes, was it a positive experience? (Y/N)

If positive/negative, please explain what you LIKED/DIDN’T LIKE:

Have you played team sport before? (Y/N) What sport?

Have you trained with training partner? (Y/N) Are you currently?

If yes, did you push them, or did they push you?

**What are your biggest weaknesses (Rank 1-5)?**

\_\_\_\_ Training Intensity

\_\_\_\_ Training frequency / consistency

\_\_\_\_ Nutrition and Diet

\_\_\_\_ Fitness Education

\_\_\_\_ Long-term persistence / staying with it

**Exercise and Equipment Availability:**

Where do you currently STRENGTH TRAIN? (Large Gym, Small Gym, Condo Gym, Park, Home)

How often do STRENGTH TRAIN now?

Where do you currently do CARDIO/ENDURANCE TRAINING?

How often do you do CARDIO/ENDURANCE TRAINING now?

**Time Availability:**

How many hours do you work per week? Is it consistent (same days/times)?

When is the best time for you to exercise?

What conflicts interfere with your exercise (family, work, other)?

What time of day do you have the most energy?

**Nutrition Habits:**

How many meals and snacks do you eat per day?

Of those meals, how many do you prepare, and how many do you eat out?

Do you eat consistently (similar food much of the time)?

When you cheat… What foods do you cheat with? When? What TRIGGERS cheats (boredom, stress, temptation, alcohol)?

Have you ever tracked/journaled your eating?

What is you nutritional “education level”? (Calories, macro-nutrients, types of fat, types of protein)

Are you currently following a structured meal plan? (Attach to email if you can) (Y/N)

If yes, please provide your current plan:

Breakfast (Meal 1):

Meal 2:

Meal 3:

Meal 4:

Meal 5:

Daily Calories: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daily Protein: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daily Carbs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daily Fat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any allergies that affect the way you eat? (Y/N)

Are these DIAGNOSED by an allergist? (Y/N)

What foods are you allergic to, or cannot eat?