



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 your 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?