

# HEALTH STATUS



## PART I. Personal Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Personal Physician

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Age you feel

\_\_\_\_\_  
Emergency contact

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Trainer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Phone #

\_\_\_\_\_  
Secondary Phone#

\_\_\_\_\_  
Physician phone #

\_\_\_\_\_  
Date of Last Physical

\_\_\_\_\_  
How did you find us?

### To be completed by Trainer

\_\_\_\_\_  
Weight

pounds

\_\_\_\_\_  
Height

inches

\_\_\_\_\_  
BMI

mm/hg

\_\_\_\_\_  
Blood Pressure

\_\_\_\_\_  
B.P.M.  
Resting Heart Rate

\_\_\_\_\_  
Suprailiac

\_\_\_\_\_  
Biceps

\_\_\_\_\_  
Triceps

\_\_\_\_\_  
Subscapula

\_\_\_\_\_  
BF%

\_\_\_\_\_  
Fat Mass

lbs/kg

\_\_\_\_\_  
Lean Body Mass

\_\_\_\_\_  
Waist

\_\_\_\_\_  
Hip

\_\_\_\_\_  
Thigh

\_\_\_\_\_  
Calf

\_\_\_\_\_  
Chest

\_\_\_\_\_  
Arm

\_\_\_\_\_  
Neck

## PART II. Medical History

Have you had any family history of chronic disease (heart disease, diabetes, etc.)? YES / NO

IF YES please list \_\_\_\_\_

Have you ever been diagnosed or treated for any chronic disease including asthma? YES / NO

IF YES please list \_\_\_\_\_

Are you currently taking any medications? YES / NO

IF YES please list \_\_\_\_\_

Have you ever had your thyroid hormone levels checked? YES / NO

IF YES please elaborate \_\_\_\_\_



**PART III. Health Related Behavior**

Do you smoke? YES / NO IF YES how much? \_\_\_\_\_

Do you drink alcohol regularly? YES / NO IF YES how much? \_\_\_\_\_

How many times on average do you eat fast food per week?

Never 1 2 3 4 5 6 7 8 9 10 or more

How many hours of sleep do you normally get per night?

1 2 3 4 5 6 7 8 9 10 or more

**PART IV. Psychological**

I am an impatient, time conscious, hard driving individual.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

I have a positive attitude towards things.

Never 1 2 3 4 5 6 7 8 9 10 Always

My job stresses me out.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

I am in the best shape of my life.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

I would rate my current health.

Horrible 1 2 3 4 5 6 7 8 9 10 Great

I am serious about achieving my goals.

Not very 1 2 3 4 5 6 7 8 9 10 Extremely

**PART V. Goals**

Do you have any health related goals (i.e. Lower blood pressure, etc.)? YES / NO

IF YES please list \_\_\_\_\_

Do you have any specific goals related to body composition (i.e. Weight loss, build muscle, etc.)? YES / NO

IF YES please list \_\_\_\_\_

Do you wish to achieve any of these goals in a specific time frame? YES/NO

IF YES please explain \_\_\_\_\_

# FITNESS STATUS

AskTheTrainer.com



Trainer \_\_\_\_\_

## PART I. Fitness Information

What type of duties do you perform at work?  
\_\_\_\_\_

Have you had any injuries related to physical activity? YES / NO

If YES please list \_\_\_\_\_

Do you suffer from any chronic pain? YES / NO

If YES please list \_\_\_\_\_

Have you ever participated in resistance/weight training before? YES / NO

If YES, Did you receive any instruction? YES / NO

Have you ever trained with a personal trainer before? YES / NO

IF YES, please explain: \_\_\_\_\_

Are you currently involved in an exercise regimen? YES / NO

IF YES, please list forms of exercise: \_\_\_\_\_

IF NO, when were you last exercising routinely? \_\_\_\_\_

How many days per week do you accumulate 30 minutes of moderate activity?

0 1 2 3 4 5 6 7 days per week

How many days per week do you accumulate at least 20 minute of vigorous activity (i.e. continuous heavy lifting or sprinting)?

0 1 2 3 4 5 6 7 days per week

## PART III. Psychological

When would you say you were in the best shape of your life? How did you feel?  
\_\_\_\_\_

I would rate my current physical fitness.

Horrible 1 2 3 4 5 6 7 8 9 10 Great

My physical fitness is important to me.

Not very 1 2 3 4 5 6 7 8 9 10 Extremely

I enjoy exercising.

Not very 1 2 3 4 5 6 7 8 9 10 Extremely

I can succeed in achieving my goals.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree



### PART IV. Goals

Do you have any performance related fitness related goals (i.e. increase 10K time, bench press)? YES / NO

IF YES please list \_\_\_\_\_  
 \_\_\_\_\_

Do you wish to achieve these goals in a specific time frame? YES/NO

IF YES please explain: \_\_\_\_\_

### PART V. Training Preferences

I enjoy to be pushed (challenged) to the limit.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

I am willing and able to perform recommended exercise (i.e. Cardio, stretching, etc.) on my own time.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

How many personal training sessions per week is desirable?

1 2 3 4 5 6 7 Depends on trainer's recommendation

Please indicate which days and times are you available for personal training sessions.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Early Morning	Early Morning	Early Morning	Early Morning	Early Morning	Early Morning	Early Morning
Late Morning	Late Morning	Late Morning	Late Morning	Late Morning	Late Morning	Late Morning
Early Afternoon	Early Afternoon	Early Afternoon	Early Afternoon	Early Afternoon	Early Afternoon	Early Afternoon
Late Afternoon	Late Afternoon	Late Afternoon	Late Afternoon	Late Afternoon	Late Afternoon	Late Afternoon
Early Evening	Early Evening	Early Evening	Early Evening	Early Evening	Early Evening	Early Evening
Late Evening	Late Evening	Late Evening	Late Evening	Late Evening	Late Evening	Late Evening

Do you have any friends who may be interested in personal training? YES/NO

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### PART VI. Questions

Please write your top 2 fitness related questions?

\_\_\_\_\_

\_\_\_\_\_

# NUTRITION STATUS AskTheTrainer.com



Trainer

## PART I. Personal Information

Have you worked with a nutritionist or used a diet program (i.e. Weight Watchers) before? YES / NO

If YES what were the results? \_\_\_\_\_

Have you been on a diet before (i.e. Atkins, zone, etc.)? YES / NO

If YES what were the results \_\_\_\_\_

How long did the diet/results last \_\_\_\_\_

## PART II. Nutrition Knowledge

Do you know how to differentiate between Carbohydrates, Fats, and Proteins? YES / NO

Do you understand what a Calorie represents? YES / NO

If YES please explain \_\_\_\_\_

Do you understand the concept of caloric balance? YES / NO

If YES please explain \_\_\_\_\_

## PART III. Nutrition Habits

How long after you wake up before you consume your first meal on average?

*Less than 1 hour    1 an hour or more    1-2 hours    3 or more hours*

How many times do you eat per day on average?

1    2    3    4    5    6    7    8    9    10 or more

I eat in response to stress.

*Disagree*    1    2    3    4    5    6    7    8    9    10    *Agree*

## PART IV. Fluid Choices

How many cups of water do you drink per day on average (1 cup = 1 glass)?

0    1    2    3    4    5    6    7    8    9    10 or more

How many servings of juice/drink (i.e. Snapple, orange juice) do you drink per day on average?

0    1    2    3    4    5    6    7    8    9    10 or more

How many servings of regular soda do you drink per day on average (1 serving = 1 12oz. can)?

0    1    2    3    4    5    6    7    8    9    10 or more

How many cups of caffeinated beverages (i.e. coffee, tea) do you drink per day?

0    1    2    3    4    5    6    7    8    9    10 or more



## PART V. Food Choices

How many servings (1 cup or size of fist) of vegetables do you eat per day on average?

0 1 2 3 4 5 6 7 8 9 10 or more

How many servings (1 cup or size of fist) of protein (meat) do you eat per day on average?

0 1 2 3 4 5 6 7 8 9 10 or more

How many servings (1 cup or size of fist) of carbohydrates (i.e. Potatoes, bread, pasta, cereals) do you eat per day on average?

0 1 2 3 4 5 6 7 8 9 10 or more

How many times per week on average do you eat candy & dessert foods?

0 1 2 3 4 5 6 7 8 9 10 or more

## PART VI. Psychological

I would rate my current diet.

Horrible 1 2 3 4 5 6 7 8 9 10 Great

I would rate my self-discipline with regards to eating.

Horrible 1 2 3 4 5 6 7 8 9 10 Great

I feel comfortable limiting my food intake by counting calories.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

I am serious about achieving my goals.

Not very 1 2 3 4 5 6 7 8 9 10 Extremely

## PART VII. Dietary Supplements

Do you currently take any dietary supplements? YES / NO

If YES please list \_\_\_\_\_

Have you taken dietary supplements in the past? YES / NO

If YES what were the results \_\_\_\_\_

I'm willing to incorporate dietary supplements into my training program.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

## PART VIII. Questions

Please write your top 2 nutrition related questions?

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