

Lifestyle Questionnaire

How would you describe your present state of health?

Do you have any medical Issues that you take or have taken medication for? If so explain: _____

Do you or have you had any injuries or ailments that may affect your ability to perform certain movements? If so explain: _____

Please indicate your Height: _____ Weight: _____ Age: _____

Are you or have you been a smoker? _____

If yes, how many cigarettes per week? _____ Or How long ago did you quit? _____

How often do you take part in physical activity?

Are you self taught or do you have formal education on weightlifting exercises? (Explain if needed):

How many days/week can you dedicate to exercising? _____

Please provide a brief summary of a current workout (if none indicate none):

What are your specific fitness goals? (give as much detail as possible):

What time frame are you setting to achieve these goals? (if ongoing just indicate ongoing):

What are your favorite types of activities/sports?

Any other information you feel may be relevant in designing a workout regiment for you?
