Personal Fitness & Nutrition Development Questionnaire

Please complete the below application and submit to the C&RC Control Desk. The application will be reviewed by the C&RC Fitness Staff and a Personal Trainer, which best suits your needs, will be selected and will contact you to schedule a Fitness Assessment.

First Name: ___________________________  Last Name: _______________________________________

Phone Number: ___________________________  E-mail: ________________________________________

Address: ___________________________________________  City/State/Zip: _____________________________

Age: __________________  Gender: _____________  Emergency Contact: ______________________________________

What are your Fitness & Nutrition goals? (Check top 3 most important goals)

- Learn to eat a Balanced Diet
- Decrease Body Fat
- Tone Muscles
- Learn to Balance Activity & Diet
- Reduce Stress
- Increase Strength & Power
- Create a Healthy Lifestyle
- Feel Better
- Improve Speed/Agility
- Improve Overall Health
- Increase Flexibility
- Improve Athletic Performance
- Maintain a Healthy Weight
- Increase Endurance
- Other: _____________________________

What is keeping you from achieving your Fitness & Nutrition goals? (Check all that apply)

- Lack of Motivation
- Time
- Self Conscious
- Money
- Lack of Equipment
- Not Knowing Where/How to Begin
- Other: _____________________________

What motivates you? (Check all that apply)

- Seeing Results
- Having Fun
- Praise/Rewards
- Accountability
- Feeling Better
- Other: _____________________________

Do you follow a current exercise regime?  Yes  No
If yes, please explain.

Are there any physical limitations that would inhibit or limit your participation in an exercise program?

Have you ever done personal training before?  Yes  No:
If yes, please Explain: (How long ago? Was your experience beneficial?)

What do you expect from a personal trainer?

Please list any other information your trainer may find useful in preparing a workout routine for you:
What activities/exercises do you currently participate in? (Check all that apply)
- Running/Walking
- Biking
- Swimming
- Outdoor Activities
- Recreational Activities
- Golf
- Aerobics
- Dance
- Yoga/Pilates
- Martial Arts
- Calisthenics
- Conditioning
- Strength Circuit
- Free Weights
- Resistance Training
- Athletics: If so, what ______________________________
- Other: ______________________________________

What is your current activity level?
- None
- Little (Less than one hour a week)
- Moderate (1-5 hours a week)
- High (Over 5 hrs. a week)

What activities/exercises did you participate in the past? (Check all that apply)
- Running/Walking
- Biking
- Swimming
- Outdoor Activities
- Recreational Activities
- Golf
- Aerobics
- Dance
- Yoga/Pilates
- Martial Arts
- Calisthenics
- Conditioning
- Strength Circuit
- Free Weights
- Resistance Training
- Athletics: Which Sports _______________________
- Other: ______________________________________

What was your past activity level?
- None
- Little (Less than one hour a week)
- Moderate (1-5 hours a week)
- High (Over 5 hrs. a week)

Height: __________ Weight: __________

Have you had any recent weight gain or loss? Yes No
If yes, please explain.

List your top 3 nutrition questions or concerns.

Tobacco Use:
- I currently smoke
- I quit smoking less than six months ago
- I quit smoking over six months ago
- I never used tobacco

Alcohol Use:
- I frequently drink alcohol
- I occasionally drink alcohol
- I seldom drink alcohol
- I never drink alcohol

Do you take any vitamins, minerals, or supplements? Yes No
If yes, please explain:

List current medications and reason for taking:
Do you have any food allergies?  
☐ Yes  ☐ No
If yes, please explain:

How often do you eat?

☐ 6 or More Times a Day  ☐ 3-4 Times a Day  ☐ Whenever Hungry
☐ 5-6 Times a Day  ☐ Strictly Breakfast, Lunch, and Dinner  ☐ Less Than 2 Times a Day

How often do you eat out?

☐ Almost Every day  ☐ Less Than Once a Week  ☐ Less Than Once a Month
☐ A Few Times a Week  ☐ A Few Times a Month  ☐ Rarely or Never

Are you currently on any special diet?  
☐ Yes  ☐ No
If yes, please explain.

Have you ever had a nutrition assessment done before?  
☐ Yes  ☐ No
If yes, please explain.

Prepare a 3-Day food journal and attach to this document or email to our dietitian. See example below:

**Day 1 - Please be as specific as possible.**

<table>
<thead>
<tr>
<th>Time</th>
<th>Food/Drink</th>
<th>Amount Eaten</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00pm</td>
<td>Turkey Sandwich</td>
<td>2 slices wheat bread, 3 slices turkey, 1 leaf lettuce, 1 slice tomato, 1 tsp. brown mustard</td>
</tr>
</tbody>
</table>

What days and times would you prefer to train and/or be contacted?

Trainer Preference:

Referred By: