Lifestyle & Goal Form

Name:_____ **Date:**_____

In the past, how often have you been engaged in physical activity?
_____ Regularly (3 to 4 times/week)
_____ Semi-regular (1 to 2 times/week)
_____ Sporadic (1 to 2 times/month)
_____ None

What do you want exercise to do for you?
_____
_____
_____

Rank your goals separately using the following scale:

Not at all			Somewhat				Extremely	
1	3	4	5	6	7	8	9	10

Improve cardio fitness _____
Body-fat weight loss _____
Reshape/tone _____
Improve flexibility _____
Increase strength _____
Improve sport performance_____
Improve energy level/mood_____

How many meals/snacks do you have each day?_____

What would you estimate your caloric intake to be each day?_____

Do you feel you eat healthy "most of the time?"_____

How much would you like to change your current weight? (-)_____lbs. = goal weight_____

Specifically describe what you would like to accomplish through your fitness program during the next:

4 weeks _____
_____

12 weeks_____
_____

24 weeks_____
_____