

BodySculpt Fitness Lifestyle Questionnaire

Name:

Date:

General Instructions: Please fill out this form as completely as possible. If you have any questions, DO NOT GUESS. Please ask for assistance.

<p>Physical Activity</p> <p>1. How often do you participate in exercise?</p> <p><input type="checkbox"/> 3 to 4 times per week</p> <p><input type="checkbox"/> 1 to 2 times per week</p> <p><input type="checkbox"/> 1 to 2 times per month</p> <p><input type="checkbox"/> Not at all</p>
<p>2. What exercise have you enjoyed in the past?</p>
<p>3. Do you have any negative feelings toward or have you had any bad experiences with exercise?</p>
<p>4. If you have been unable to exercise regularly what are the reasons?</p>
<p>Occupation/Leisure</p> <p>5. What is your present occupation?</p>
<p>6. Does your occupation involve much physical activity (i.e. lifting, walking)</p>
<p>7. What activities do you participate in during your leisure time?</p>

Stress

8. Do you suffer from stress?

- Never
- Sometimes
- Nearly always

9. What makes you stressed?

10. How do you deal with stress?

Diet

11. How many meals do you have per day?

12. How many snacks do you have per day?

13. Do you feel that you eat too much?

Weight

14. Do you have an issue with your weight?

15. What weight would you be happy at?

16. What is the lowest weight you have maintained in the last 3-4 years?

17. On a scale of 0 – 10 how motivated are you to get fit and lose weight?

18. What would increase your motivation?

Fitness

19. Rate yourself on a scale of 1 – 10 (i.e. 1 indicating the lowest value and 10 the highest)

Circle the number that best applies

What is your overall level of fitness?

1 2 3 4 5 6 7 8 9 10

What is your current stamina level?

1 2 3 4 5 6 7 8 9 10

How strong are you?

1 2 3 4 5 6 7 8 9 10

How flexible are you?

1 2 3 4 5 6 7 8 9 10

What is your current co-ordination capacity?

1 2 3 4 5 6 7 8 9 10

20. How much time do you have available / will allow to exercise?

Goals

21. What do you want to achieve from exercising?

Short Term

Medium Term

Long Term