



ENVISION FITNESS

Health Questionnaire

Name: _____ Date: _____ Age: _____ Gender: M / F

GOALS:

1. Which category best describes your fitness goals (circle one):

Weight Loss

Performance Enhancement

General Health

2. Please explain where you envision yourself and **WHY** this goal is so important to you:

Exercise History/Lifestyle:

3. Have you ever participated in an instructor-led workout on a regular basis before? **Y / N**

4. If yes, please briefly explain the training environment (i.e. group classes, or one-on-one; frequency of training, intensity level):

5. On a scale of 1 to 5, where 1 is sedentary and 5 is constantly active, please choose the number which most accurately describes your daily activity level:

1 -- 2 -- 3 -- 4 -- 5

6. How many hours each day do you estimate you spend sitting? _____ Additionally, how long do you estimate you sit without standing up? **<1 hour, 1-2 hours, >2 hours**



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7. Which would you say is the biggest potential limiting factor to seeing success in achieving your vision?

Time -- Stress -- Finances -- Discipline -- Physical Limitation

Nutrition

8. On a scale of 1 to 5, where 1 is the worst and 5 is the best, please choose the number which most accurately describes your day-to-day nutrition:

1 -- 2 -- 3 -- 4 -- 5

9. Please explain what the following meals look like for you (if you do not eat the particular meal, write "N/A"):

Breakfast: _____

Mid-Morning Snack: _____

Lunch: _____

Afternoon Snack: _____

Dinner: _____

Other Meals: _____

Medical History

10. Do you have any medical conditions we should be aware of (i.e heart disease, asthma)? If yes, please explain:



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11. Do you have any allergies we should be aware of? If yes, please list them:

12. Do you have any skeletal injuries, or concerns we should be aware of (i.e. back pain, broken bones, arthritis)? If yes, please explain:

13. Have you ever felt light-headed, nauseated, dizzy, or have you ever fainted during a workout? If yes, please tell us what happened:

14. On a scale of 1 to 5, where 1 is the least and 5 is the most, please choose the number which most accurately describes your overall stress level:

1 -- 2 -- 3 -- 4 -- 5

15. Do you have high blood pressure, or hypertension? If yes, do you take medication?

16. Do you take any other medications? If yes, please list them:

Thank you for taking the time to fill out our Health Questionnaire! This will greatly help us in determining the appropriate training path for you, and in providing recommendations for you in the future. We appreciate the opportunity to help you Achieve Your Vision!

WELCOME TO ENVISION **FITNESS!!**

Sincerely,

Eric Weiner

