



Goal Setting Appointment Questionnaire

1. What is your purpose in participating in an exercise program? What is your overall goal?

2. How long do you believe it will take you to attain your overall goal?

3. How many minutes per day do you spend doing exercise?

0 1-15 30-60 61-90+

4. How many days per week do you exercise? _____

5. What types of activities do you do when you exercise?

6. How many days a week can you commit to an exercise program? _____

7. How many minutes per day can you commit to an exercise program? _____

8. What activities would you prefer in a regular exercise program for yourself?

<input type="checkbox"/> Walking and / or running	<input type="checkbox"/> Tennis	<input type="checkbox"/> Bicycling/spinning
<input type="checkbox"/> Swimming	<input type="checkbox"/> Jumping rope	<input type="checkbox"/> Handball / racquetball
<input type="checkbox"/> Basketball	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Group Exercise

9. What are your personal barriers when it comes to exercise? _____

10. How physically fit are you?

- Not Less than average Average
 Above average Outstanding Don't know

11. What is your occupation? _____

Is your occupation Sedentary Semi-active Active

12. Indicate the main reason why you exercise (select only one).

- I do not exercise. It is good for my health.
 It makes me feel good I am required to exercise
 I'm trying to lose weight My doctor told me to exercise

13. Do you frequently participate in competitive sports? yes no

If yes, please list

14. Did you / or do you participate in high school or college athletics? yes no

If yes, please list.

15. How many successive hours of restful sleep do you have per day? _____

16. How would you describe your quality of sleep?

Dietary Patterns

17. Do you feel you eat healthy most of the time?

18. How many meals and / or snacks do you have per day?

19. Do you eat breakfast? yes no

20. How many servings of the following do you partake of each week?

Red Meat and eggs_____	Fish_____	Carbonated Beverages_____
Fried Foods _____	Poultry_____	Vegetables _____
Alcohol _____	Fruit _____	Caffeinated Beverages _____

21. How much water do you consume each day? _____ ounces

22. Is there anything else that we need to know in order to help you attain your goal?

Creating Optimal Results Everyday