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FITNESS HISTORY AND GOALS QUESTIONNAIRE

Date: _____

Name: _____

Date of Birth: _____ Gender: _____

Current Occupation: _____

Current Daily Routine (i.e. work, school) _____

Current Physical/Fitness Activity:

Frequency: _____

Intensity: _____

Type: _____

Time/Duration: _____

Define your fitness level on a scale of 1 – 10 (1 unfit/inactive – 10 extremely active) _____

Current Nutrition Habits (over the last 6 weeks): _____

Define your stress level on a scale of 1 – 10 (1 no stress – 10 constant) _____

Do you have any history of injuries, surgeries or any limitations we should be aware of?

What specific goals and desires do you have regarding the Fit2Liv fitness program?

