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FITNESS & NUTRITION

CLIENT INTERVIEW

Name: _____ **Today's Date:** _____

Date of Birth: _____

Email: _____ **Phone:** _____

Preferred Method of Communication (check one): ❑ **Email** ❑ **Phone** ❑ **Text**

Purpose

What goals or outcomes are you hoping to achieve as a result of your program?

Why is this goal important? Does it impact anyone else?

What will your life look and feel like when you achieve your goal(s)?

What would your life look and feel like if you DO NOT achieve your goals?

In what time frame do you want to achieve this goal?

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Preferences

Do you find yourself to be motivated with a structured plan that must be followed, or do you prefer more variety and freedom, knowing the results would be the same?

❑ Structure ❑ Open to either ❑ Flexibility

If you were to choose an activity to reduce stress, what type of activities do you prefer?

❑ Calm and practical ❑ Open to either ❑ Adventurous and loud

Are there any exercises or styles of training you are interested in trying or learning about?

Are there any types of equipment or exercises that you DO NOT like or simply DO NOT want to participate in?

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Status

Do you currently exercise or lift weights regularly? ❑ Yes ❑ No
If yes, how often? Describe your current routine / activities.

❑ 1 day or less per week ❑ 2 to 3 days per week ❑ 4 to 5 days per week ❑ More than 5 days a week

Do you have access to a gym or fitness center? If yes, what gym? ❑ Yes ❑ No
Any restrictions (must be with another member, must have childcare, etc...)?

How many days per week are you willing to commit to a training program?

❑ 1 day or less per week ❑ 2 to 3 days per week ❑ 4 to 5 days per week ❑ Whatever my coach recommends

In the last 3 months, what recreational activities and/or exercises have you participated in, and how frequently?

Is your job more:
❑ Physically demanding ❑ Sedentary

Do you have any joint limitations, pain, tightness or soreness that might affect your experience today or going forward?

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Motivation

How long have you been waiting to make these changes to your health and fitness?

What has held you back from making these changes up to this point?

Why today? What is the difference between right now from the things that have held you back in the past?

On a scale of **1 to 10** (10 being the MOST CONFIDENT), do you know what you need to do to reach your goal(s)?

_____ What would improve your confidence? _____

On a scale of **1 to 10** (10 being the MOST CONFIDENT), how confident are you that you WILL do it?

_____ What would improve your confidence? _____

In what ways do you believe I can help you?