

Jo-Anne Munt Personal Trainer

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Lifestyle Questionnaire

Name Date

Please answer as completely as possible, if you have any questions please ask for assistance. It is important and necessary for me to ask all these questions in order to devise an appropriate programme for your individual requirements. All information supplied will be completely confidential.

Occupation

1. What is your present occupation?
2. Does your occupation involve much physical activity (i.e. lifting, walking)?
3. How do you travel to and from work?
4. How long is your lunch break?
What do you normally do in this time?

Leisure

5. What activities do you participate in during your leisure time?
6. Do you have any other hobbies/interests?

Physical Activity

7. Think of your typical day as you colour in this chart:

24	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
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am

pm

black the time you are lying down (sleeping, napping or stretched out on the sofa).
red all the time you are sitting (at work, in a vehicle, at home; include such things as watching TV, reading, at a desk or computer, eating, and all sedentary leisure activities).

orange the time you are on your feet (doing light activities in your day).

yellow the time you are doing strength or resistance work (include heavy manual lifting).

green the time you are doing moderately intense physical activity (such as brisk walking).

purple the time you are doing vigorous physical activity (such as running).

7a. During an average week how often do you participate in exercise?

3 – 4 times a week - *please go to question 8*

1 – 2 times a week - *please go to question 8*

1 – 2 times per month - *please answer 7b - c below*

not at all - *please answer 7b – c below*

7b. List any reasons/obstacles in the way which may have caused this:-

7c. How long has this been the case?

7d. What do you think we may do together to overcome these reasons/obstacles?

8. What types of exercise do you enjoy doing?

9. Are there any types of exercise you think you may enjoy, but haven't participated in?

10. Is there any activity you would prefer not to do?

Stress

11. On a scale of 1 – 10 (1 being not stressed at all and 10 being extremely stressed) where would you say you are most of the time?

1 2 3 4 5 6 7 8 9 10 *Please circle applicable*

12. What generally makes you feel stressed?

13. How do you deal with feeling stressed?

Diet

14. Do you think you follow a healthy diet most of the time?

15. How many meals do you normally have a day?

16. How many snacks do you normally eat a day?
What kind of foods are these?

17. What do you normally eat for breakfast?

18. What are your favourite foods?

19. How often do you feel hungry?

20. Is weight reduction an aim for you?

21. Have you tried 'dieting' in the past? If so please list any diets tried e.g. F Plan, Atkins, Weight Watchers etc.

Are you currently participating in any of these?

22. How many fizzy drinks do you normally consume in a day?

23. How many cups of coffee do you normally have in a day?

24. How many units of alcohol do you consume in a normal week? *(1 unit is equivalent to half a pint of ordinary strength beer, lager or cider, a small glass of wine or a pub measure -25ml of spirits)*

Fitness

24. 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 are your current energy/stamina levels?

1 2 3 4 5 6 7 8 9 10

How strong do you feel you are?

1 2 3 4 5 6 7 8 9 10

How flexible are you?

1 2 3 4 5 6 7 8 9 10

How do you rate your co-ordination?

1 2 3 4 5 6 7 8 9 10

Goals

25. How often would you like to devote time to exercise?

26. Please indicate what you would like to achieve from exercise:-

Short term goals – 1-2 months

Mid term goals – 3 months +

Long term goals – 1 year – lifelong

27. How do you think you will feel when you have achieved these?

28. Please read the following list of goals and rate them accordingly:-

- x not at all
- √ somewhat
- √√ important
- √√√ extremely important

- improve overall health
- improve stamina/energy levels
- reshape or tone my body
- improve performance for a particular sport
- improve moods and ability to cope with stress
- improve flexibility
- increase strength
- enjoyment
- decrease body weight

Signed Date