

Fairfield Bodyworks, Inc.

Massage & Strength Therapy | Supporting Health, Fitness & Longevity

Thank you for taking the time to complete this questionnaire. By answering the following questions as honestly and clearly as possible the better we can fine tune your training program thus increase your results! Don't feel you have to write a book - short answers are fine.

Date: _____ Name: _____ Phone: _____

Email: _____

1. What is/are your specific goal(s) in training w/ me? Don't be shy. Please, let me hear them. (Gain muscle, improve general fitness, look good in a bathing suit, rehab an injury, etc)? Please list a short term (now-6 months); intermediate term (6 months-1 year) and long-terms goals (beyond 1 year).

2. What is your age? Height: Weight:

3. How would you describe you body type? (Very lean, lean but muscular, muscular, muscular but with padding, thick with lots of patting, obese, etc)?

4. How would you rate your general health? (Sick frequently, generally tired/low energy, rarely sick, etc.)

5. Are you currently seeing a physician for any serious health conditions? If yes, what for?

6. Are you currently taking any prescription drugs? If yes, what drug/dosage?

7. Do you have a family history of disease with any of the following conditions or any not listed? Circle if applicable. Heart disease, high blood pressure, cancer, diabetes, stroke.
8. How would you rate your general level of stress?
9. How many hours of sleep do you get per night on average?
10. What time do you generally go to sleep? Wake up?
11. What is your general outlook on life? (Positive, gloomy, angry, stressed, relaxed, etc)
12. What are your working conditions? (Sitting for prolonged amounts of time, heavy lifting, etc.?)
13. Describe your dietary habits. (What types of foods you normally eat? (Vegan? Vegetarian? Meat eater? Relative portion size, organic? etc.)
14. How many times a day do you eat? What time do eat your meals?
15. Do you ever skip meals? IF YES, what meal(s) do you normally skip?
16. Are you taking any supplements? If yes, what supplement/dosage?
17. How would you rate your current level of conditioning? (on a 1-10 scale, 1 being pitifully de-conditioned, 10 being elite condition)

18. What, if any is your athletic background? (Sport and/or exercise and level of skill/competition)
19. What type of exercise are you currently engaging in?
20. How long have you been training/exercising?
21. Do you currently have any injuries?
22. How is your overall range of motion (ROM)/flexibility? (Also, are you particularly tight/stiff in any areas; do you wake up stiff--where? etc.)
23. What are your (athletic) strengths; what do you excel in (lifting-wise and/or in sports)?
24. What are your weaknesses? (This can also be in terms of training or performance in sport)
25. Do you have any limitations, physically, emotionally, psychologically, that you are aware of?
26. Do you have a particular mode of training that is of most interest to you?
(barbell/dumb bell, kettlebells, bodyweight drills, martial arts, running, lifting odd objects, whatever works, etc)
27. What specific training equipment do you have access to?
28. What learning resources do you have? (Books, DVDs, etc that instruct exercise, movement, weight lifting, stretching, etc.)

29. How much time, on average, are you willing to commit to training (each day, week)?
30. Will you be training at the same time each day, or just whenever you can? What time of day if it's a set time?
31. Are you a self-starter, or do you need motivation? In other words, do you require regular interaction with your trainer, or to follow a program on your own with only periodic interaction with your trainer?
32. What do you feel that I can help you with? What one thing do you most hope to gain from working with me?
33. Do you have any specific requests, or areas of interest that you would like more information about?
34. If applicable please provide a sample of your typical training week or cycle, including both the skill practice of your sport, as well as strength and conditioning cross-training program.

Thanks for your interest. I look forward to working together with you and watching you achieve your goals!