



34651 Blackfoot St. NW
Cambridge, MN 55008
612.790.5561 mobile
763.689.3602 office
info@aisfitness.com

Nutrition, Exercise and Goals Questionnaire

Name: _____ Date: _____

Nutrition

How many diets have you been on in the last 3 years? _____

Describe any diets you've been on. Did you go to a commercial weight-loss service such as Weight Watchers, LA Weight Loss, etc? Did you use a diet book or online service? Did you just do your own plan? A combination of the above?

Describe the results you had with any of these diets. How much weight did you lose? Did you gain any of it back? Did you experience any problems while dieting?

Yes No

____ ____ Do you regularly read food labels?

____ ____ Are you ever hungry again within 1 – 2 hours of eating?

_____ Do you regularly eat breakfast?
 _____ How much water do you drink in a typical day? _____
 _____ How many times per day do you eat on average? _____
 _____ Do you ever eat when you are not hungry? If so, are there any specific reasons why?

 _____ Are you responsible for the grocery shopping in your household?
 _____ How many times per week do you eat at restaurants (eat in or take out)?

Exercise

Yes	No	
_____	_____	Are you currently involved in a regular exercise program?
		If yes, how many days per week are you exercising? _____
		How many minutes per day are your exercise sessions? _____
_____	_____	Do you regularly perform aerobic or cardiovascular exercise?
		If yes, how many days per week? _____
_____	_____	Do you regularly perform resistance or weight training?
		If yes, how many days per week? _____
_____	_____	Do you regularly participate in competitive or recreational sports?
		If yes, please list: _____
_____	_____	Have you tried exercise programs before, but been unable to stick with them?
		If yes, please list the reason(s): _____
		On a scale of 1 to 5, how physically demanding is your job? (1 = at a desk all day, 5 = construction laborer, lumberjack, etc.) _____
		How much time are you willing to dedicate to a fitness program?

_____ sessions per week _____ minutes per session

I will perform my workouts at:

_____ Home _____ Commercial Gym _____ Other (please explain below)

I will have the following equipment available:

_____ Commercial gym equipment (free weights, machines, stability balls, cardio equip., etc)

_____ Free weights (barbells, dumbbells) _____ Commercial gym machines

_____ Stability ball _____ Medicine balls

_____ Resistance tubing _____ Multistation home gym

_____ Bench _____ Cardio equipment

_____ Other (please explain below)

Rank your goals in undertaking a fitness program. What do you want this program to do for you? Use the following scale to rate each goal separately.

	Not at all		Somewhat		
	Extremely		important	important	
	Important		important	important	
	1	2	3	4	5
6					

_____ a. Improve cardiovascular fitness

_____ b. Body-fat weight loss

- _____ c. Improve performance for a specific sport
- _____ f. Increase energy level
- _____ h. Enjoyment
- _____ j. Pain relief
- _____ l. Gain weight/muscle life
- _____ n. Improve overall health
- _____ p. Other _____
- _____ d. Improve flexibility
- _____ e. Increase strength
- _____ g. Feel better
- _____ i. Reduce stress
- _____ k. Lose weight/inches
- _____ m. Improve quality of life
- _____ o. Improve appearance