

## FITNESS HISTORY AND NUTRITION STATUS

Client:

Date:

Please answer the questions below with details.



### Fitness History

1) When were you in the best shape of your life?

2) Have you been exercising consistently for the past 3 months?  Yes  No

If yes, how intense?  Light (1x/wk)  Moderate(2-3x/wk)  Heavy (5-6x/week)

3) What activities are you presently involved in? (Please refer to next few lines)

Cardio: Frequency      Average length of session       Easy    Mod.    Hard

Strength Training: Frequency      Average length of session       Easy    Mod.    Hard

Other: (i.e. Sports)

4) On a scale of 1-10, how would you rate your present fitness level?      (1=Worst; 10=Best)

Please elaborate:

5) Did you play any sports as a teenager?  Yes  No      If yes, describe:

### Nutrition Related Questions

1) On a scale of 1-10, how would you rate your nutrition?      (1=Very poor; 10=Excellent)

Please elaborate:

2) How many times a day do you usually eat (including snacks)?

Please elaborate:

3) Do you skip meals?  Yes  No      Do you eat breakfast?  Yes  No

4) Do you eat late at night?  Sometimes  Often  Never

5) How many glasses of water do you drink a day?

6) Are you currently or have you ever taken a multivitamin or any other food supplements?  
 Yes  No      If yes, please list the supplements:

7) At work or school, do you usually:  Eat out  Bring food

Please elaborate:

8) Do you do your own cooking?  Yes  No

9) Besides hunger, what other reason(s) do you eat? (Please include all that apply)

Boredom  Social  Stressed  Tired  Depressed  Happy  Nervous

10) Do you eat past the point of fullness?  Sometimes  Often  Never

11) Do you eat foods high in fat and sugar?  Sometimes  Often  Never