



GOALS QUESTIONNAIRE

This questionnaire is designed to help identify specific wellness goals that can help pinpoint the most effective and efficient program for you.

Areas I want to improve:

- | | |
|---|---|
| <input type="checkbox"/> Aerobic endurance | <input type="checkbox"/> Specific sport ability: |
| <input type="checkbox"/> Muscular endurance | <input type="checkbox"/> Injury rehabilitation: |
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> Back problem: |
| <input type="checkbox"/> Reflexes | <input type="checkbox"/> Physique |
| <input type="checkbox"/> Speed | <input type="checkbox"/> Sleep better: (more/less?) |
| <input type="checkbox"/> Power | <input type="checkbox"/> Specific job ability: |
| <input type="checkbox"/> Improve balance & coordination | <input type="checkbox"/> Improve self-esteem |
| <input type="checkbox"/> Improve eating habits | <input type="checkbox"/> Body weight (loss/gain?) |
| <input type="checkbox"/> Improve posture | <input type="checkbox"/> Reduce blood pressure |
| <input type="checkbox"/> Lower % body fat | <input type="checkbox"/> Firm and tone |
| <input type="checkbox"/> Pain elimination/management | <input type="checkbox"/> Other (specify): |

Improving my fitness and wellness levels is extremely important to me because...

Have you participated in a fitness/wellness program before? If yes, please describe.

I was most successful in my fitness or weight loss programs when...

I am committing myself to my fitness/wellness program because otherwise I would have to live with the following unbearable consequences (ex. low self-esteem, limited success, dependency upon others, etc.)

What I would most like to achieve from my new fitness program is...

Equipment available:

How much time available

For training sessions:

For workouts in-between (on my own):

Participant:

Date: