



QUESTIONNAIRE

Please take your time to fill out this questionnaire in as much detail as possible. The more information you provide the more we design a program suited to you.

Where did you hear about Get Active Online?

PERSONAL DETAILS:

Name:

Email Address:

Mailing Address:

Phone:

Date of Birth:

Occupation & Working Hours:

Height:

Weight:

Body Fat: (if known)

Optional: Take some before pictures, front, back and side as it can help me to design your program.

PROGRAM:

Which program are you most interested in?

(12 week Lifestyle program, 12 week Results program or 6 week results program)



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GOALS:

What would you like us to help you with?

	YES/NO
Lose Weight	
Tone Up	
Improve Fitness	
Improve muscle definition	
Improve Strength	
Create a healthy lifestyle	
Increase Energy	
Look & Feel Fabulous	

Please write down your Goals, be as specific as possible:

1.
2.
3.

Do you have any areas you would like to focus on? (e.g. butt, legs and stomach . . .)

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Why have you chosen now to change your lifestyle?

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Do you foresee any obstacles which you will need to overcome to reach your goals?

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Will you be entering any body transformation competitions, eg Body Blitz, Body for Life etc?

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When did you want to start your new program?

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NUTRITION:

Please record a days worth of "normal" eating. Include all foods, quantities, times and any beverages had throughout the day. (Be as honest as possible as it will help when designing a program suited to your needs). Include any food weaknesses or times when you are normally really hungry! The more info you provide the better.

How much water do you drink each day?

Do you drink alcohol, is so how often and how much?

Have you dieted much before?

Are you an emotional eater?

Do you have any food allergies or food dislikes?

Would you like a personalised Supplement plan?



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EXERCISE

Do you currently exercise, if so, please describe the type of exercise, how often you exercise the intensity and duration of each session? If no, when is the last time you exercised?

Do you have access to any gym equipment, either at home or in a gym? Please write down everything you have access to? Eg Swiss Ball, Dumbbells (please advise dumbbell or plate weights), oval, beach etc.

Do you have any injuries or illnesses that would prevent you from participating in regular exercise? Please explain:

How much time can you allocate to exercise each week?



MEDICAL BACKGROUND:

Do you have or had any of the following conditions?

CONDITIONS	YES/NO
Heart Condition	
High blood pressure/low blood pressure	
High Cholesterol	
Diabetes	
Depression	
Arthritis	
Any Chronic Conditions	
Musculoskeletal problems	
Back or Neck Pain	

If you answered yes to any of the above, please provide details?

Do you take any prescription medication?

Are you pregnant or had a baby in the last 6 weeks?

Do you smoke?

Have you been hospitalised or had any operations?

Do you have any other conditions or problems (eg knee pain etc.). Please explain in detail:

We strongly recommend consulting your doctor before beginning any exercise program.

It is recommended that anyone who has not undertaken regular exercise in the last 6 months or *all* males over 35 and females over 40 years of age should have a **full medical** and get their doctors clearance before embarking on a new exercise routine. Anyone with a heart condition will need a medical clearance before undertaking a regular exercise routine.



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Please feel free to provide any further information which may assist us in designing your own personalised program.

**Thank you for your honest information.
You are on your way to a healthier and happier you!**



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