

Lifestyle Questionnaire

- Q1 What are your reasons for taking part in an exercise/physical activity programme?
- Q2 What is your training history?
- Q3 How many days a week do you have available to take part in physical activity/exercise?

Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

- Q4 Do you have any particular equipment or exercise likes or dislikes?
- Q5 How would you describe the following factors in your lifestyle:

Stress..... Sleep.....

Relaxation..... Smoking.....

Alcohol Intake per week..... Caffeine per day.....

Fruit and veg per day..... Snacks per day.....

Fried food per week..... Do you add salt to food before or after tasting?.....

How much water per day?..... How tall are you?.....

What do you weigh?..... BMI.....

Client name..... Client signature

Instructor name..... Instructor signature

Date.....