# Hoodie Guy Fitness Assessment

Health and Lifestyle Evaluation

Name:

Age:

Email:

Phone #:

Superhero Power :)

Favorite Book:

Favorite “Cheat meal/snack”:

Favorite drink/restaurant:

Shirt Sizes:

Occupation:

Perfect trainer would be like:

Favorite people to follow (media, inspiration, role model):

## Medical History

| | | |
|---|---|---|
| Diabetes | Yes | No |
| High Blood Pressure | Yes | No |
| High Cholesterol | Yes | No |
| Chest Pains | Yes | No |
| Heart Murmur | Yes | No |
| Stroke / Aneurysm | Yes | No |

Do you experience any of the following during exercise:

- [ ] Chest Pain
- [ ] Shortness of Breath
- [ ] Pressure over Heart
- [ ] Abnormally Tired
- [ ] Leg Pain
- [ ] Dizziness / Fainting

Other:

| | | |
|---|---|---|
| Has your physician ever advised you against exercise? | Yes | No |
| Are you currently pregnant? | Yes | No |
| Are you currently taking any medications? | Yes | No |
| Do you currently smoke or quit in the past 6 months? | Yes | No |

Have you had any other medical conditions/disorders? If yes please explain:

## Family History

- ☐ **Heart Attack** **Age:**
- ☐ **Heart Operations** **Age:**
- ☐ **Diabetes** **Age:**
- ☐ **High Cholesterol** **Age:**
- ☐ **High Blood Pressure** **Age:**

**Any other major illnesses (Explain Checked Items):**

## Fitness Profile

1. SMART Goals (Specific, Measurable, Attainable, Realistic & Timely):

2. Is there a certain time frame you are trying to reach these goals in?

3. How long have you thought about achieving these goals?

4. What are some reasons you feel you haven't reached them in the past?

5. Workout History: What type of workouts are you currently doing? How many times in past 90 days? Current PRs?

6. If exercising, how long have you been doing those types of workouts?

7. If no exercise, have you ever done resistance training? How did you feel, like/dislike, why didn't you achieve goals?

8. Have you worked with a personal trainer before? If so, how was the experience? What certification did they have?

## Fitness Profile (continued)

9. How many days per week do you normally workout?

10. When is the last time you had a personalized program?

11. On a scale from 1-10, how would you rate your eating habits?

12. Have you had a nutritional consultation or worked with a registered dietitian?

13. How many nights per week do you sleep 6.5 hours or more?

14. What are your top three areas of stress?

15. What is your number one expectation from working with a Hoodie Guy Fitness trainer?

**Signature** **Date:**