



## **Physical Activity Readiness Questionnaire**

1. **Starting Point:** (Initial consultation): This initial consultation is an essential starting point in the journey to reach your goals. In this session, we'll review your medical history and conditions, weight, current eating and exercise habits, and obstacles to healthy choices. Then we'll work together to come up with some initial goals to work on until I see you next!

How would you rate your current health / fitness activity? **(circle one)**

1      2      3      4      5      6      7      8      9      10

2. **Accountability:** (Goal Setting) is a key component in this program. Discuss and Design attainable goals and allow your coach to help you through this process.

Which area best describes your reason to initiate a Fitness Program?

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Lose Weight | <input type="checkbox"/> Gain Strength   | <input type="checkbox"/> Increase Flexibility |
| <input type="checkbox"/> Feel Better | <input type="checkbox"/> Doctor Referral | <input type="checkbox"/> Increase Muscle Tone |

3. **Health Restrictions:** Are you currently under a Doctor Care or taking medications for Heart Disease, Diabetes, High Blood Pressure, or Pregnancy?

Yes    Explain: \_\_\_\_\_  No

4. **Nutrition / Food Choices:** (circle one) How motivated are you to improve your quality of life through better eating choices.

1      2      3      4      5      6      7      8      9      10

\_\_\_\_\_  
Name (Print):

\_\_\_\_\_  
Date: