



New Client Survey

Name _____

Address _____

Address 2 _____

City/Town _____

State/Province _____

ZIP/Postal Code _____

Email Address _____

Phone Number _____

Medical History

1. Age
2. Height
3. Current Weight
4. Last Year's Weight
5. List any medical history you may have. i.e. diabetes, high blood pressure/cholesterol, etc.
6. Are you currently taking any medications? If yes, which medications?
7. When was the last time you visited with your primary care physician?
8. Are you currently taking any nutritional supplements? If yes, which ones?

Diet & Lifestyle

10. How many meals a day do you eat?
11. How many snacks do you consume daily? Please list examples.
12. What do you drink daily?
13. Do you consume alcohol? If yes, how many times per week?
14. Do you smoke? If yes, how many times a day?



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15. What is your food 'weakness'? i.e. pizza, etc.
16. How often do you currently exercise per week? (Hours, Days)
17. What do you most often do for exercise? (Circle One)
Lift weights Walk Run Hike Swim Dance Aerobics Pilates Play a team sport
18. How many days a week can you realistically commit to exercising?
19. What is your fitness goal?
20. By when do you want to achieve your goal?
21. How important is it to you to achieve your fitness goal? (Circle One)
Extremely important Very important Moderately important Slightly important Not at all important
22. On a scale of 1 to 5, how supportive is your partner of your fitness goal? (Circle One)
(1 Not Supportive, 5 Very Supportive)
1 2 3 4 5 Not in a Relationship
23. Please rank the following in the order of most importance to you. (Circle One)
(1 Most Important, 5 Least Important)*
God/Spirituality Family Career Entertainment Health
24. How many times do you eat outside of the home per week?
25. How much do you spend on average each time you eat outside of the home?
26. I like to spend my weekends... (Circle One)
Staying In Shopping Dining Out Going to a Sporting Event
Going to the Movies Hiking Exercising Clubbing/Drinking
27. How much do you spend on your weekend activities each month?
28. How often do you purchase coffee outside the home per week?