

Client Assessment Checklist

Client: _____

Date: _____

Fitness Professional: _____

Nutrition:

1. How many meals are you eating on average each day? _____
2. Are you eating a full breakfast (with protein) each day? ___ YES ___ NO
3. Are you getting in complete snacks in-between your meals? ___ YES ___ NO
4. Are you taking your vitamins each and every day? ___ YES ___ NO
5. Have you eliminated your alcohol consumption? ___ YES ___ NO
6. How much water are you drinking each day? _____
7. Have you been taking your post-workout recovery shake right after every workout? ___ YES ___ NO
8. Have you been tracking your daily caloric intake? ___ YES ___ NO
9. Is it in line with your calculated needs? ___ YES ___ NO
If not, where can you make adjustments? _____

Exercise:

10. Have you been completing each of your strength training sessions? ___ YES ___ NO
11. Are you completing your cardiovascular training sessions? ___ YES ___ NO
12. Is your strength increasing? ___ YES ___ NO
13. Are you making sure to warm-up, cool-down, and stretch before and after every workout? ___ YES ___ NO

Overall:

14. Identify your strengths: What's going really well with your program right now?
15. Identify areas for improvement: What components of your program are you struggling with?
16. Action steps to improve results: What action steps can you take to improve your program for the next week?