

Activity Readiness Profile

Date: ___/___/___

First Name: _____ Last Name: _____ Gender: M/F (please circle)

Email Address: _____ Phone: _____ (H) Phone: _____

_____ (W)

Date of Birth: ___/___/___ Height: ___ ft ___ in Current Body Weight: ___ lb

Goals/Objectives:

What do you want exercise to do for you?

- Weight loss/decrease body fat
Desired body weight: _____ lb
Weight loss/gain: _____ lb
- Increase muscular size/strength
- Reduce stress
- Improve overall health (eliminate risk factors)
- Improve flexibility
- Enhance athletic performance
- Increase energy level

What type of activities interest you?

- Walking (treadmill/outside)
- Jogging /Running (treadmill/outside)
- Sports/recreational activities
- Group activities
- Stretching
- Resistance Training

How much time can you devote to your activity program?

- Minutes/day
- Days/week

Obstacles/Barriers

Please check any obstacles/barriers that may prevent you from enjoying an active, healthier lifestyle.

Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Lack of Motivation | <input type="checkbox"/> Energy Level |
| <input type="checkbox"/> Lifestyle Education | <input type="checkbox"/> No Support System |
| <input type="checkbox"/> Time Availability | <input type="checkbox"/> Boredom |
| <input type="checkbox"/> Accountability | <input type="checkbox"/> Injury |
| <input type="checkbox"/> Self-confidence | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Current Fitness Level | <input type="checkbox"/> Many Failed Attempts |

Resistance Training

Mode: _____

- ___ Days/week
- ___ minutes/session
- ___ # of months training
- ___ Intensity level (1 - 10)

What type of resistance equipment do you prefer?

- ___ Free weights
- ___ Selectorized machines
- ___ Body resistance
- ___ Rubber resistance tubing

How many sets do you perform for each muscle group?

- ___ 1-2 sets
- ___ 3-4 sets
- ___ 5 -6
- ___ 6⁺ sets

How many repetitions do you perform for each set?

- ___ 4-6 reps
- ___ 6-10 reps
- ___ 8-12 reps
- ___ 12-15 reps
- ___ 15-20 reps

Do you perform a split routine or total body routine?

- ___ Split Routine
- ___ Total body

How often do you train each body part?

- ___ 1day/week
- ___ 2days/week
- ___ 3⁺ days/week

Nutrition:

How many meals do you typically eat per day? _____ meals/day

How many calories do you consume per day? _____ kcal/day, ___ I don't know

How much caffeine do you consume per day? _____ cups/day

How much alcohol do you consume per week? _____ glasses/day

How much water do you consume per day? _____ cups/day

Please list any diet pills or other nutritional supplements you are currently taking? _____

Thank you for completing this form. The information provided will help you fitness professional design a customized fitness plan.