

## **Survey Questions and Answers**

### **Background Info:**

- Age- 42

Height- 6'3

Weight- 239

How long have you been at this weight?- Dropped 10 pounds since May of 2023

Goal weight if you have one- Not worried about it, more focused on dropping fat and gaining muscle

Size of clothing you wear (tops/pants)- XL shirts, 38/32 pants but those are loose.

### **What is your #1 health goal?**

- Maintain movement, gain strength, sharpen my mental abilities.

### **Why is this important to you, why do you want it, what is your WHY?**

- Want to see how far I can go and be in Seal Team 6 mental condition for business. Body doesn't have to be quite that fit but I want to build towards being my best self to model for my family.

### **What do you perceive to be the biggest roadblock/obstacle to reaching your health goals? Or has b**

- Not knowing what supplements to take, how to work out efficiently but not too intensely. That seems to demotivate me. I want to be able to plan my own workouts, so knowledge is a bit of a gap.

### **Who or what do you envision when you think about what/who you want to be when it comes to you**

- Like the guys who do calisthenics.

### **How important is your health to you and how ready are you to take responsibility for yourself and n**

## **Survey Questions and Answers**

- 10/10 important.

**How do you like/want to be coached?-**

- principles and methods and give you autonomy

**Do you have positive people at home/work to support you on your journey?**

- Yes

**Medical History/General Health-**

- Any current health conditions?- Allergies / maybe ADD

Any former or past health conditions?-

Family medical history?- Heart issues like every other indian, nothing yet on my side

Is there anything you worry about due to family/genetic health issues?-

Do you get sick easily?-

How sick do you get?- Once a year in December

Is it the same time during the year or varies?-

Have you had COVID?- Yes

Do you have any trouble breathing/are you a mouth breather at all?- Allergy related issues

Resting heart rate?-106 (Apple Watch)

Blood pressure?- 130 /80

**Do you have any recent bloodwork or lab values or health tests you've done?-**

## **Survey Questions and Answers**

- No about to do it as a part of this regimen

### **How is your libido and overall sexual health/sex life?**

- Normal

### **Are there any specific diseases/disease states/health issues that you worry about getting or encountering?**

- Heard disease

### **Oral Health-**

- No issues, floss randomly

### **Injury History-**

- Right shoulder, mostly healed but need to work on it a bit more with the band work the PTs showed me.

### **Lifestyle-**

- Itermitent travel, hotels or family home depending on where. I do try to workout there.

### **Sleep Assessment:**

- How important is sleep to you (1-10)?-

How many hours do you get on average per night?- 7 hours

Is it good quality sleep? Do you feel energetic and rested in the mornings?- Good sleep

What contributes to a night of poor sleep for you?- Allegra D makes me only sleep 5 hours but needed when Allergies are bad

## **Survey Questions and Answers**

Do you wake up? If so what is the cause?-

Do you snore?- Yes

What time do you go to bed?- Changing now to 11:30pm

What time do you wake up?- Changing to 6:30am

Do you track your sleep with a ring or wearable? If so which one?- No, but willing to

What does your nightly routine look like (after dinner heading to bed)?- No routine

Do you nap during the day?- No

If so when and for how long?-

How is your sleep environment? (electronics in the room, light exposure, noise, temperature)- All good

What kind of bed do you sleep on?- Tempurpedic

What types of sheets/blanket/comforter do you use?- Have no idea

### **Stress Assessment:**

- How would you rate your stress levels (1-10)?- 7

How would you assess your stress management techniques?- 7

Do you do any HRV tracking or use a ring/wearable to monitor stress?- How?

What seems to provide you with the most amount of stress?- Business

Do you get any free time for yourself during the day?- Yes

Which of these areas provides you with the most stress (Physical, Mental, Emotional, Environment, Spiritual) and what are they?- \$\$\$

### **Exercise Assessment:**

- What is your current exercise/training regimen?-

How many days per week? On what days?- M-F

## **Survey Questions and Answers**

How much time do you have to dedicate to exercise?-45 min to 1.5 Hours

What are you doing?- 30 min or walking then weights

What time of day?- 2 hours after breaking my fast so approx 4:30pm

What types of things do you like doing?- Weights, Kettle Bell, Walking, Pickleball (new)

Where do you workout?- Gym

What equipment do you have access to?- Most everything

How do you feel energywise for your workouts?- Pretty good, started drinking an espresso before workouts.

How do you feel after your workouts?- Ok

Any excessive pain or soreness?- Shoulder sometimes if I don't stretch it or warm it up

Is there any movement or anything you can't do or do not like to do?- Not really flexible

Can you workout without a coach present (by yourself)?- Yes

Rate your training experience/training age for aerobic training- Moderate

Rate your training experience/training age for resistance/strength training- Moderate

What kind of workouts do you/would you prefer to do?- Kettle Bell, more body weight, blended with weights

Rate your strength level- Average

Rate your fitness level- Average

Do you have any specific exercise/training/physical goals?- Just be fit and strong... maybe ripped

Sauna access (if so, where)?- Yes in my neighborhood

Cold-tub access (if so, where)?- No, neighborhood pool in the winter?

Red light access (if so, where)?- No

## **Work Life-**

- Where do you work?-Home office

## **Survey Questions and Answers**

What do you do?- Computer stuff mostly

Are you stuck indoors all day?- Yes

In front of a screen and/or sitting for hours on end?- Mostly

What are your work hours daily?- Work and work more, take breaks often

What is your work schedule like?- Flexible but 8-10 hours min on average

Do you feel you have control over when you can workouts/eat/relax/take advantage of self-care time based on your work?- Yes

Is your work environment a positive one?- Yes

Do you have good support with the people you work with/for/above?- Yes

### **Home Life-**

- Live at home with family and pets. All good.

### **Social Life-**

- I think I have a good social life. Cutting back on weed and alcohol. Only smoked or took weed gummies once on the weekend and drank a couple times per week but cutting that back majorly.

### **Environment Assessment-**

- Do you get outdoors or see sunlight daily or regularly?- Not enough

What kind of water are you drinking regularly (tap/bottle/filtered)?- Fridge filtered

Do you know the quality of air around you?- Need to replace air filter in my office but okay otherwise.

How much time do you spend in front of a screen daily (phone/tv/computer)?- all day

What type of beauty products/cleaning supplies do you use?- soap, lotion, sunscreen, toothpaste, deoderant, cologn

What type of cookware and utensils do you use (if you do cook)?- Have no idea

## **Survey Questions and Answers**

What do you store your food in?- Glass

What type of clothing material do you predominately wear?- Sports wear

What kind of bed do you sleep on?- Tempurpedic (Repeat Question fyi)

What material of sheets do you use?- I don't know (Repeat Question fyi)

### **Movement Assessment:**

- Do you go through long periods during the day of not moving?- Yes

Do you move around often or consistently throughout the day?- Kind of

How much time do you spend sitting or in front of a screen/computer per day?- 8+ hours

How many steps do you get in per day (if you track)?-Will share the data

### **Rehab (\*If managing an injury\*):**

- Done with rehab on my shoulder but supposed to keep doing band work

### **Nutrition Assessment:**

- I think so but have no idea what. Can't drink an IPA without having horrible allergies the next day.

### **Nutrition Assessment:**

- No

### **Nutrition Assessment:**

- How many meals do you eat per day?- 2.5

How do you get food (cook, someone else cooks, order in)?- mix

How many snacks do you eat per day?- a few times

## **Survey Questions and Answers**

What foods do you snack on?- banana, biscotti, nuts, protein shake

Where do you like to eat out/order in from?- Chick Filea

Do you consume your meals/snacks around the same time each day or does it vary?- same

Where do you eat most of your meals?- Sitting down somewhere

When do you typically have your last large meal?- 8pm

Do you do any late night snacking?- weekends - crave sugary cerea

Do you eat breakfast/something first thing in the morning?- No I fast until 2:30pm

Do you eat before you workout?- yes 2 hours before

Do you eat/drink anything after you workout?- Protien shake Premier Protein

### **Nutrition Assessment:**

- Do you consume caffeine (coffee/tea/espresso/supplements)?- Coffee after 1-2 hours of being awake

If so what form and how much do you consume and when?- Nespress coffee pods (not espresso)

How are your energy levels in the morning?- Good

How are your energy levels in the afternoon?- A bit sluggish one hour before eating time

Do you have any digestion issues (bloating, gas, diarrhea)?- Not really

If so how often does it happen?-

How often do you take bowel movements per day?- 2-3

Same time per day?- Usually after coffee or after eating

Are they intact or watery?- Intact

### **Nutrition Assessment:**

- How many servings of fruit do you eat per day?- 1 Banana

Favorite fruits?- Banana



## **Survey Questions and Answers**

How many servings of vegetables do you eat per day?- maybe 1-2 cups

Favorite vegetables?- flexible

How many servings of dairy do you have per day?- depends

What types?- Cheese, Milk

How many servings of fish/seafood do you eat per day/week?- 0-1

Favorite types?-

What are some of your favorite foods/snacks/vices that you must eat weekly?- Chick Filea, Burgers

### **Hydration Assessment:**

- Are you a heavy sweater?- When I workout or when it is hot yets

Do you cramp easily? If so, where?- Sometimes

What types of workouts/training cause you to cramp?- Random

How many bottles of water/liquid do you drink per day?- Need to measure

What are you drinking?- Water

Do you drink alcohol (if so how often/how many per week)?- Yes maybe once per week

Do you typically drink fluid or take in electrolytes before training (if so what and how much)?- No

What do you drink during training?- Water

### **Supplements/Meds Assessment:**

- Are you on any medication (if so which one(s))?- flonase, Azelastheline, singulair, omezaprol

Are you taking any vitamin/mineral supplements? - No

If so which ones (brand and name)?-

Are you taking any sports nutrition supplements?-No

If so which ones (brand and name)?-

## **Survey Questions and Answers**

**What area(s) do you feel like you struggle with the most in regards to Nutrition?**

- Need healthy desserts

**How is your relationship with food and what are your thoughts on nutrition?**

- Ok, I love things that are bad for me but leave the weekends to have that if I want.

**What area(s) would you like to know more about within Nutrition, Exercise, Sleep, Stress Management?**

- Optimization across it all.

**Rank how you feel you do in these areas of Health on a scale from 1-10**

- Sleep 8

Stress management 7

Nutrition 5

Recovery 2

Exercise 5

Movement 2

Energy 5

Brain/cognitive function 6

**Which of these areas is important to you and a priority for you to work on?**

- All above should be a 10

**Nutrition and Training Schedule/Habits:**

- Wake up at 6:30am work by 7:00am, coffee at 8 or 9am, take breaks and work until 2:30pm eat

## **Survey Questions and Answers**

first meal, coffee and snack at 4pm, work out at 4:30pm, protein shake after the workout, dinner around 7:30pm, some kind of snack before 9pm, work again until 11pm, try to sleep by 11:30pm.

### **Daily Schedule:**

- Wake up at 6:30am work by 7:00am, coffee at 8 or 9am, take breaks and work until 2:30pm eat first meal, coffee and snack at 4pm, work out at 4:30pm, protein shake after the workout, dinner around 7:30pm, some kind of snack before 9pm, work again until 11pm, try to sleep by 11:30pm.