EverFit™ Client Information Questionnaire

*Please Complete and return to your EverFit ™ trainer to begin your customized personalized training. Your trainer with contact you within 48 hours of receiving your questionnaire.*

**ASSESING YOUR NEEDS:** All information received on this form will be treated as strictly confidential. Please fill out forms completely and accurately. This information will only be used to help your trainer develop a custom program that will address your individual needs, goals, and overall fitness interests.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_Phone(c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? Please check all that apply

* Word of mouth
* Trainer referral :Trainers name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Google
* Radio
* Magazine: which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why did you choose EverFit™?

* Location of local trainer
* Cost
* Online convenience
* All in one shopping
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What goals do you plan to reach by training with EverFit™?

* Loose body fat
* Gain muscle
* Rehabilitation
* Nutrition guidance
* New to exercising
* Fun
* Motivation
* Specific sport training
* Completion preparation
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mark yes or no to the following health questions:

Yes No

Have you ever been diagnosed with a heart condition? \_\_\_ \_\_\_

Do you frequently have chest pain when you perform physical activity? \_\_\_\_\_ \_\_\_\_\_

Do you become dizzy or lose consciousness when you exercise? \_\_\_\_\_ \_\_\_\_\_

Do you have any joint, bone, other health problems that cause you pain or

Limit you when doing physical activity? (I.e. high blood pressure, COPD,

Epilepsy, back problems, etc.?) \_\_\_\_\_ \_\_\_\_\_

Are you pregnant or nursing? \_\_\_\_\_ \_\_\_\_\_

Any other health problems you would like your EverFit™ trainer to know? \_\_\_\_\_ \_\_\_\_\_

If you marked yes to any other the above, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIFESTYLE RELATED QUESITONS:**

Do you smoke? YES NO If yes, how many?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you drink alcohol ? YES NO If yes, how man?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours do you usually sleep a night?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your job?

* Sedentary
* Active
* Physically Demanding

On a scale from 1-10, how would you rate your stress level? (1=very low 10=very high) \_\_\_\_

Does obesity run in your family? YES NO

Where you overweight as a child? YES NO

FITNESS HISTORY:

When were you in your best shape?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been exercising consistently for the past 3 months? YES NO

When did you first start thinking about increasing your level of fitness?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has anything stopped you from achieving your fitness goals in the past?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a scale of 1-10 how would you rate your current fitness level? (1=worst 10=best)\_\_\_\_\_\_\_

**NUTRITION RELATED QUESTIONS:**

On a scale from 1-10 how would you rate your diet? (1=worst 10=best)\_\_\_\_\_\_\_

How many times a day do you usually eat?\_\_\_\_\_\_\_\_

Do you skip meals? YES NO Do you eat breakfast? YES NO

Do you eat late at night? YES NO

How many glasses of water do you drink a day? \_\_\_\_\_\_\_\_

Do you feel your energy drops later in the day? YES NO

Do you know how many calories you eat per day? \_\_\_\_\_\_

How many times per week do you eat at a restaurant(fast food or standard)? \_\_\_\_\_\_\_\_\_\_\_\_

Besides hunger, what other reason(s) do you eat?

* Boredom
* Social
* Stressed
* Tired
* Depressed
* Nervous
* Happy

Do you eat past being full? YES NO Do you eat foods high in sugar and fat often? YES NO

List what you typically eat and drink in 24 hours. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

What are 3 things you would like to improve in your diet?

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exercise Related Questions:**

How often do you exercise?

* None
* 1-2x per week
* 3-4x per week
* 5-7x per week

What keeps you from exercising as much as you would like?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been consistently physically active?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What activities do you typically do: Cardio: Type?\_\_\_\_\_\_\_\_\_\_\_\_Length?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weights:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Length?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sports: Type?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stretching: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Length?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other type of physical activity you do during the week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any other information you would like your EverFit™ trainer to know when developing your custom fitness program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Developing your EverFit ™ Custom Program:**

Please indicate your preferences? Please select all that apply.

* Indoor
* Outside
* Combination
* Large groups
* Small groups
* Alone
* Morning
* Afternoon
* Evening
* Home
* Gym

How often would you like to work out per week? \_\_\_\_\_\_\_\_\_x/week

How much time can you dedicate per session? \_\_\_\_\_\_\_

What are the best days for you to work out?

M T W Th F SAT SUN

At EverrFit™ we all want you to succeed at reaching your fitness goals. To help you do this, we want to work with you and your schedule to set realistic workout plans. Please indicate the ideal times in your day to work out, and any other specifics, such as type of workout that you prefer at those times such as, AM cardio, etc.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

**Goal Setting:**

Everyone is different and no fitness goals should be the same. So in order to maximize your efforts and to ensure that you do not lose interest, we want to help make “SMART” goals.

S=Specific (details, how long, how much)

M=Measureable (how will you measure your progress?)

A=Attainable (be realistic)

R=Rewards-Based

T=Time Frame (set specific dates)

Please list in order of priority, the fitness goals you would like to achieve in the next 3-6 months?

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you place your health on a priority?

* Low
* Medium
* High

How committed are you to achieving you fitness goals?

* Very
* Semi
* Not very

What do you think is the most important aspect of fitness your EverFit™ trainer can do to help you achieve your goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are 3 obstacles you expect of run into while achieving your fitness goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you expect to overcome these? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Write a promise to yourself that will help you achieve your goals. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIVE FIT and be EverFit ™**

EverFit™ CLIENT RELEASE AND KNOWLEDGE OF AGREEMENT

1. I wish to participate in the exercise and training program offered by Ever Fit™. I understand there are inherent risks in participating in a program of strenuous exercise. Consequently I have been examined by a physician of my choice and have obtained his/her approval to participate in a fitness program with in sixty(60) days of the date set forth below. NO change has occurred in my physical condition since the date of approval. I agree that EveFit™ or any of their contracted third party trainers, shall not be liable or responsible for any injuries to me resulting in my participation in the fitness program and I expressly release and discharge EverFit™, its owners, employees, agents, and/or assigns, from all claims, actions, judgment and the like which I or my heirs, executors, administrators or assign may have or claim to have as a result of any program, excepting only injury caused by the gross negligence or intentional acts of such person or persons. This release shall be binding upon my heirs, executors, administrators and assigns.

I have read and understand this term:\_\_\_\_\_\_\_(initials)

1. I certify that the answers to the questions outlined on the questionnaire form are true and complete to the best of my knowledge. I acknowledge that medical clearance has been attained if I have answered “yes” to any of the questions on the questionnaire. I understand and agree that it is my responsibility to inform my EverrFit™ trainer of any conditions or changes in my health, now and throughout my training.

I have read and understand this term:\_\_\_\_\_\_\_(initials)

1. I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and this it is my right to refuse such participation at any time during my training sessions. Should I feel lightheaded, dizzy, or experience any pain or discomfort, I am to stop the activity and inform my EverrFit™ Trainer.

I have read and understand this term:\_\_\_\_\_\_\_(initials)

1. I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside or theEverFit™ Trainer.

I have read and understand this term\_\_\_\_\_\_\_\_(initials)

1. I understand that the diet and supplement recommendations from my EverFit™ are in no way prescribed, and only a suggestion that I may or may not follow at my own will.

I have read and understand this term\_\_\_\_\_\_\_\_(initials)

I have read this Release and Knowledge of Agreement and I understand all of its terms .I sign it voluntarily and with full knowledge of its significance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

(Client electronic signature)\*

\*your electronic signature acts as your individual signature and you are responsible for printing and signing this for your records.