Health & Fitness Assessment Questionnaire

PERSONAL INFORMATION SECTION

• Name: John Smith

• **Age:** 35

Gender: MaleHeight: 5'10"Weight: 180 lbs

• **Email:** john.smith@example.com

HEALTH METRICS SECTION

• **BMI:** 25.8

Body Fat Percentage: 18%
Blood Pressure: 118/76
Resting Heart Rate: 62 BPM
Activity Level: Moderate

SCALE-BASED QUESTIONS (Rate 1-10)

• Current Fitness Level: 6

Energy Level: 7
Stress Level: 4
Sleep Quality: 7
Motivation Level: 8
Nutrition Knowledge: 5

FITNESS GOALS

☑ Lose weight

☐ Gain muscle

☐ Improve endurance

✓ Increase strength

✓ General fitness

☐ Sport-specific training ☐ Rehabilitation
DIETARY PREFERENCES
Dietary Restrictions: □ Vegetarian □ Vegan □ Gluten-free □ Dairy-free □ Keto □ Paleo ☑ Low-carb □ Mediterranean
Allergies: None
EQUIPMENT & SCHEDULE
Available Equipment:
☑ Dumbbells □ Barbells
☐ Resistance bands
☐ Cardio machines
☑ Yoga mat □ Pull-up bar
Preferred Workout Times:
☐ Morning ☐ Afternoon
☑ Evening
□ Flexible
Experience Level:
o Beginner
IntermediateAdvanced

FREE-TEXT RESPONSE SECTIONS

Describe your goals:Get leaner and stronger over the next 3 months.

Medical conditions:

Mild asthma

• Exercise history: Regular cardio and some weightlifting 3x/week.

Food preferences:

Prefers high-protein meals, dislikes fish.

• Additional notes:

Travels occasionally for work, needs flexible routines.