**Health & Fitness Assessment Questionnaire**

**PERSONAL INFORMATION SECTION**

* **Name:** John Smith
* **Age:** 35
* **Gender:** Male
* **Height:** 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:**  
○ Beginner  
● Intermediate  
○ Advanced

**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.