



## PERSONAL FITNESS & NUTRITION DEVELOPMENT QUESTIONNAIRE

**\*Please complete this form in its entirety and submit to Missy Hatchett at  
Missy@MissFitHabersham.com**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

★ **What are your Fitness & Nutrition goals? (Highlight/Underline 3 most important goals)**

Learn to eat a Balanced Diet      Decrease Body Fat      Tone Muscles      Reduce Stress  
Increase Strength & Power      Create a Healthy Lifestyle      Feel Better  
Increase Flexibility      Increase Endurance      Maintain a Healthy Weight  
Learn to Balance Activity & Diet      Improve Speed/Agility      Improve Overall Health  
Improve Athletic Performance      Other: \_\_\_\_\_

★ **What is keeping you from achieving your Fitness & Nutrition goals?(Highlight/Underline all that apply)**

Lack of Motivation      Time      Hitting a Plateau  
Lack of Equipment      Self Conscious      Not Knowing Where/How to Begin  
Money      Lack of Results      Other: \_\_\_\_\_

★ **What motivates you? (Highlight/Underline all that apply)**

Seeing Results      Having Fun      Praise/Rewards      Accountability  
Feeling Better      Other: \_\_\_\_\_

★ **Do you follow a current exercise regime?**      Yes      No

If yes, please explain: \_\_\_\_\_

★ Are there any physical limitations that would inhibit or limit your participation in an exercise program?

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★ Have you ever done personal training before?      Yes      No

If yes, please Explain: (How long ago? Was your experience beneficial?)

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★ What do you expect from a personal trainer?

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★ Please list any other information your trainer may find useful in preparing a workout routine for you:

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★ What activities/exercises do you currently participate in? (Check all that apply)

- Running/Walking      Aerobics      Strength CircuitBiking      Dance      Free Weights
- Swimming      Yoga/Pilates      Resistance Training      Outdoor Activities      Martial Arts
- Athletics: If so, what \_\_\_\_\_ Recreational Activities
- Calisthenics      Golf Conditioning      Other: \_\_\_\_\_

★ What is your current activity level?

- None      Light      Moderate      High
- (Less than one hour a week)      (1-5 hours a week)      (Over 5 hrs. a week)

★ What activities/exercises did you participate in the past? (Check all that apply)

- Running/Walking      Aerobics      Strength CircuitBiking      Dance      Free Weights
- Swimming      Yoga/Pilates      Resistance Training      Outdoor Activities      Martial Arts
- Athletics: If so, what \_\_\_\_\_ Recreational Activities
- Calisthenics      Golf Conditioning      Other: \_\_\_\_\_

★ What was your past activity level?

- None      Light      Moderate      High
- (Less than one hour a week)      (1-5 hours a week)      (Over 5 hrs. a week)

★ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

★ Have you had any recent weight gain or loss?      Yes      No

If yes, please explain: \_\_\_\_\_

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★ **Alcohol Use:**      I frequently drink alcohol      I occasionally drink alcohol  
                                  I seldom drink alcohol      I never drink alcohol

If yes, please explain: \_\_\_\_\_

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If yes, please explain: \_\_\_\_\_

★ **How often do you eat out?**    Almost Every day    Less Than Once a Week    A Few Times a Week  
Less Than Once a Month    A Few Times a Month    Rarely or Never

If yes, please explain: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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