



Fitness That Works, Inc.
Assessment Questions

- | | Yes | No |
|----------------------------------------------------------------|------------|-----------|
| 1 Have you done any type of exercise before? If so, what? | | |
| <hr/> | | |
| 2 Did you ever play any type of sports? Or do you presently? | Yes | No |
| 3 Are you currently participating in any physical activities ? | Yes | No |
| 4 Would you classify your daily eating habits as healthy. | Yes | No |
| 5 What goals and objectives have you set up for yourself? | | |

6 What are your thoughts on fat loss versus weight loss?

7 How do you feel about working out?

8 How do you feel about taking instructions from someone else?

9 How would you describe yourself in general?

10 How much time and effort are you willing to put into your health & well-being objectives?



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1 What are your thoughts on spot reducing?

12 How do you feel about slow gradual changes to your body?

13 Are you willing/ready to change some of your behaviors and thought patterns in relationship to your health? **Yes** **No**

14 How would you describe a typical day in your life

15 How would you describe a typical week in your life?

16 What activities or hobbies do you enjoy

7 On a scale from 1 to 5 (5 being the most physical) how much physical activity do you perform in your daily day-to-day routine? **1 2 3 4 5**

18 List and rate your goals into short and long term. Rate them in order of most to least importance to you?



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19 Do you have any support other than yourself to help you reach your objectives?

20 What do you think may stop you from achieving your goals or completing your plan of action we design for you?

21 Tell me a little about your past attempts to change some of your behaviors in relationship to eating and exercise
