

FITNESS GOALS SELF-EVALUATION



Level of Importance:

1 being LEAST important

5 being EXTREMELY important

Use scale to rate each goal:

	1	2	3	4	5
Body fat loss (weight loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve cardiovascular fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reshape or tone body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Build muscle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve performance for a specific sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve mood & ability to cope with stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase energy level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel better; positive mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure my workouts are fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise safely and with proper form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain a consistency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Real Questions deserve honest answers:

- 1/ When you look in the mirror at your reflection, is there a body part you always say you WISH you could change? (check as many as you wish or add to it, if necessary – just be true to YOU)
 Arms ☐ Buttocks ☐ Hips ☐ Legs ☐
 Other _____
- 2/ IF you were able to see changes within FIVE consistent weeks, would you change it? Yes ☐ No ☐
- 3/ IF it didn't cost an arm or leg AND if you didn't have to sign a contract OR join a gym, would you take that leap of faith? Yes ☐ No ☐
 If no, please share why you wouldn't _____
- 4/ Are you good at working out on your own or do you prefer the company of others? _____
- 5/ Would you work out more often IF you knew how to use the equipment in a weight room?
 Yes ☐ No ☐
- 6/ Would learning HOW to work out, whether in a gym setting or at home interest you to achieving and maintaining your results? Yes ☐ No ☐

FITNESS GOALS SELF-EVALUATION cont'd

Kindly provide the following information. ALL evaluations are private and confidential. The information you provide will not be used in any marketing **without clear, written consent from you FIRST and all evaluations remain anonymous.** Thank you for being candid and honest.

First Name: _____

Last Name: _____

Cell Phone: _(_____) - ____ - _____

Email: _____

Circle applicable age range and fitness Level

Age Range: 18 - 29
 20 - 39
 40 - 49
 50- Spectacular!

Current Level of Fitness:
Sedentary 0 – 1 days per week
Light Exercise 2 – 3 days per week
Moderate Exercise 4 – 5 days per week
Heavy Exercise 6 – 7 days per week