



My Lifestyle Questionnaire

GENERAL INFORMATION

Name: _____

Address: _____

Email Address: _____ Phone: _____ Age: _____

Relationship Status: _____ How many children/their ages? _____

Pets? _____ Occupation: _____

Preferred Form of Communication (Phone, Text, Email) _____

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EXERCISE HISTORY

How often do you currently exercise? _____

How long is each session? _____ Total time spent exercising weekly. _____

What is the level of intensity (1-10)? _____

Physical activities I engage in are: (briefly describe these activities)

How would you rate your activity level at work? (check any of the following that apply)

_____ Largely inactive (desk job, driver)

_____ Lightly active (teacher, homemaker)

_____ Heavily active (construction, fitness instructor, other)

_____ Other (explain): _____

My previous background with sports and physical activities is: _____

From the list below, what is the most important for you to achieve from an exercise program?

- Feel healthier
- Reduce body fat
- Increase energy level
- Improve strength
- Improve muscle size
- Improve muscle tone
- Improve aerobic capacity
- Improve flexibility
- Improve ability at a specific sport
- Improve ability to cope with stress
- Improve social life
- Improve overall quality of life

The types of exercise that most interest me include:

I have the most energy in the morning afternoon evening

I eat very healthy. Yes No

I could use some help with my eating program. Yes No

Do you smoke? How much per day?

Do you drink alcoholic beverage? How much/often?

Additional comments concerning my exercise program:
