

## Goal Assessment Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. What is your primary fitness goal? \_\_\_\_\_  
 Secondary fitness goal? \_\_\_\_\_
2. Do you have a plan for achieving your goal? \_\_\_\_\_
3. How committed are you in achieving your goal? \_\_\_\_\_ (scale of 1-10)
4. How do you rate your health at this time? \_\_\_\_\_ (scale of 1-10)
5. Do you have a time frame in achieving your goal? \_\_\_\_\_ What is it? \_\_\_\_\_
6. Have you ever participated in a weight loss or weight gain program? \_\_\_\_\_ How long? \_\_\_\_\_  
 Results? \_\_\_\_\_
7. Have you ever participated in a weight training or resistance program? \_\_\_\_\_ How long? \_\_\_\_\_
8. Have you ever participated in a cardiovascular program? \_\_\_\_\_ How long? \_\_\_\_\_
9. Were you happy with your results from any of the above programs? \_\_\_\_\_
10. What 3 activities do you enjoy participating in? \_\_\_\_\_
11. How did you feel when you were involved in a exercise program? \_\_\_\_\_
12. What is your present weight? \_\_\_\_\_ Desired weight \_\_\_\_\_ Highest weight \_\_\_\_\_
13. How many years have you been at your present weight? \_\_\_\_\_
14. When were you in the best shape of your life? \_\_\_\_\_
15. What activities were you involved in at that time? \_\_\_\_\_
16. How many days per week does exercise fit into your lifestyle? \_\_\_\_\_
17. When did you first start to think about getting in better shape? \_\_\_\_\_
18. What stopped you from getting in shape in the past? \_\_\_\_\_
19. What do you feel would be different this time? \_\_\_\_\_
20. Are you currently taking any supplements? \_\_\_\_\_ What are they? \_\_\_\_\_
21. Have you ever worked with a personal fitness trainer? \_\_\_\_\_
22. How many times a day do you eat, including snacks? \_\_\_\_\_
23. Do you have highs and lows in your energy levels? \_\_\_\_\_
24. Are you currently working out? \_\_\_\_\_
25. How long have you been consistent with your current workout regime? \_\_\_\_\_  
 How many days per week? \_\_\_\_\_
26. Have you ever used meal replacement drinks or bars? \_\_\_\_\_
27. Have you ever had your bodyfat percentage done? \_\_\_\_\_ If so, what was it? \_\_\_\_\_ When? \_\_\_\_\_
28. How would you rate your health as a priority in your life? \_\_\_\_\_ (scale of 1-10)