

HUSTL Conditioning - Lifestyle Questionnaire

Name _____

Date of Birth ____ / ____ / ____

Exercise History

Do you currently engage in an exercise program? ____ Yes ____ No

If yes, how many sessions per week? _____

How long (on average) are the sessions? _____

What is the level of intensity on a scale of 1 – 10? _____

Please briefly describe the physical activities you currently engage in:

What is your previous experience with sports and physical activities?

Which of these is very important for you to achieve with your exercise program?

____ Feel healthier

____ Reduce body fat

____ Increase energy level

____ Improve strength

____ Improve muscle tone

____ Improve overall quality of life

____ Improve aerobic capacity

____ Improve flexibility

____ Improve ability at a specific sport

____ Improve ability to cope with stress

____ Improve social life

The types of exercise that most interest me include:

What types of exercise equipment (if any) do you have available to you in your home? Please include things such as resistance bands and tubes, hand weights, exercise ball, medicine ball, treadmill, stationery bicycle, weight machines, etc.

Do you have now or do you plan in the near future to get a gym/fitness membership? If so, where?

What is your outcome goal for the next eight weeks in your fitness program? Be as specific as possible.

When do you have the most energy? ____ morning ____ afternoon ____ evening

Do you eat a healthy diet?

How often do you read labeling on your food packing? ____ every day ____ sometimes ____ never

Do you understand HOW to read labels on food packages? ____ yes ____ no

Have you ever been on a structured weight loss program before? If yes, when and for how long, and what were the results?

Describe your experience with diets (if applicable). Did you lose weight? Did you gain any of it back? Did you have your body fat tested while you were on the diet? Did you feel tired or irritable? How long were you on your diet before stopping? Why did you stop your diet?

Do you ever eat when you are NOT hungry? If so, when?

What sources of information do you utilize to gain information about nutrition? What have you found to be most helpful?

Would you like help with your eating program? _____ yes _____ no