**One on One Intake Assessment**

Thank you for taking the time to fill out this assessment form. Please fill it out as specifically as you can, as this information will be used to help me assess the best way to get you to your goals! Let’s get started.

Name:

Age:

Gender:

Height:

Current weight:

Goal weight:

In a few sentences please describe your **overall goal**:

**Health PAR Q**

Describe your overall energy levels:

Do you drink caffeine? If so, about how much per day?

Do you have diagnosed high blood pressure?

Do you have diabetes?

Do you have a family history of heart disease?

Are you pre/post-natal?

Do you have any thyroid disorders?

Do you have high cholesterol?

Have you ever had a heart attack or stroke?

Do you experience shortness of breath with or without exercise? If yes, please describe those circumstances:

**Developing Your Fitness Program**

How often do you take part in physical exercise? \_\_\_\_\_\_\_\_\_\_ per week \_\_\_\_\_\_\_\_\_\_ duration

If your participation is lower than you would like it to be, what are the reasons?

Lack of interest Illness/Injury Lack of Time Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What activities are you presently involved in?

Cardio / Movement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strength Training / Resistance Training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stretching / Yoga \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sports and/or Outdoor activities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which area would you like the most assistance with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Realistically, how often would you like to exercise? \_\_\_\_\_\_\_\_\_\_ per week

Realistically, how much time would you like to spend during each exercise session? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the best days during the week for you to commit to your exercise program?

 M T W Th F Sat Sun

What are the best times for you to exercise?

Morning Afternoon Evening

**Goal Setting**

How can I help you? Please circle all that apply:

Lose Body Fat Develop Muscle Tone Reduce Stress Rehabilitate an Injury Nutrition Education Start an Exercise Program Design a More Advanced Program Sports Specific Training Motivation Fun Training for an Event

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 In order to increase your chances of being successful at achieving your goals, ensure your goals are “SMART”

 S=Specific (provide details, how much, how long, etc) M=Measurable (how will you measure when you’ve reached your goals) A=Attainable (be realistic, set smaller goals) R=Rewards-based (attach a reward to each goal) T=Time (set specific dates for goals)

 Please list in order of priority, the goals you would like to achieve in the next 3-12 months:

a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How important is it for you to achieve these goals? Not important Semi-important Very important How long have you been thinking about these goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How will you feel once you have achieved these goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where do you rate health in your life? Unhealthy Average Good

Where does your spouse/significant other/family rate health in their lives? Unhealthy Average Good What do you think is the most important thing I can do to help you achieve these goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ List what you feel are the obstacles or potential actions, behaviors or activities that could impede your progress towards accomplishing your goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ List three methods that you plan to use to overcome these obstacles

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nutrition**

On a scale from 1-5, how would you rate your nutrition (1=poor, 5=excellent)? \_\_\_\_\_

How many times throughout the day you eat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you skip meals? Yes No

Do you eat breakfast? Yes No

Do you eat late at night? Yes No

What activities do you engage in while eating (TV, reading, etc)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many glasses of water do you consume daily? \_\_\_\_\_\_\_\_\_\_

Do you have decreased energy throughout the day or changes in mood? Yes No

What kinds of food do you regularly eat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you know how many calories you consume in a day? Yes No If yes, how many? \_\_\_\_\_\_\_\_\_\_

Have you every tracked your food intake (i.e. food diary)? Yes No

Are you currently taking a multi-vitamin or any other supplements? Yes No

How often do you eat out on a weekly basis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you do your own cooking? Yes No

Do you do your own grocery shopping? Yes No

Besides hunger, what other reasons do you eat? Bored Social Stressed Tired Depressed Happy Nervous

Do you eat mostly processed food or freshly prepared food? Processed Fresh

Do you eat foods high in fat and sugar? Yes No

Do you eat past the point of fullness? Yes No

Do you prefer salty or sugary foods? Salty Sugary

Do you read nutrition labels? Yes No

If so, what do you look at? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List three areas that you would like to improve in the nutrition area:

 a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list anything else that you may feel is a concern or information that has not been disclosed that may be pertinent to being physically active or working with a health coach:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_