

HEALTH & FITNESS ASSESSMENT

Please type in your details adjacent to or beneath each question. Your information will make it easier for us to more effectively assess your fitness and prescribe exercises accordingly. Please Email us if you need clarification.

Please note your information is CONFIDENTIAL and will NOT be divulged in any manner.

Your full name:

City of residence:

Telephone Number:

Email id:

Your Personal details: Tick on Appropriate place

1) Name:

2) Age: [16 18] [19 25] [26 30] [31 35] [36 40] [41 45] [46 50] [51 55] [56 60] [65 70] [71+]

3) Sex: [M] [F]

4) Your vocation? [Student] [housewife] [business] [retired]

5) How many hours do you work in a week? [less than 40] [41 50] [51+]

6) Of these how many hours will you consider as sedentary?

Your Medical profile

Is there any medical condition that you currently suffer from?

- (a) Cardiac condition (specify) _____
- (b) Diabetes Type I / Type II
- (c) Arthritis (specify) _____
- (d) Asthma (specify allergen) _____
- (e) Chronic Obesity (Men body fat% over 24%; women - body fat% over 30%) _____
- (f) Hypertension (high blood pressure) mention last BP reading _____ (date of reading)
- (g) Lipid Profile _____ (date of last test)
- (h) Low BP / Vertigo _____
- (i) Gynecological [PCOD] [Fibroids] [other specify] _____
- (j) Any other medical condition _____

Only For women:

- a) Do you have children? How many? []
- b) Were the deliveries normal? [Y] {N}
- c) If no, please explain in brief.
- d) When was your last delivery? Within [less than 3 months] [3] [6] [7-12] months?
- e) Are you breast-feeding your child? [Y] [N]
- f) Are your menstrual cycles regular? [Y] {N}
- g) If no, since when? In last [6] [7-12] [over 12] months?
- h) Medical cause of your irregular periods?
- i) Do you plan to conceive in the next [3 6] [6 12] months?

Are you currently under any medication? If yes, what is the medication? For what condition? _____

Did you suffer from any medical condition in the past three years? _____

Your Fitness Goals see list of fitness goals

1) What are your fitness goals? Select from Fitness Goals

2) Why do you wish to achieve these fitness goals?

(Vocational reasons, e.g. modeling or acting or competitive sport? Or, increased performance in terms of stamina, productivity? Self-image? Any other reason please explain.)

3) Do you wish to achieve a sculpted body figure? [Y] [N]

4) If you seek medical rehab through fitness, describe your medical condition.

5) If you seek improved sporting performance, tell me what area you'd like to improve?

[Speed] [strength] [power] [strength endurance] [speed endurance] [muscle mass] flexibility] [agility]?

6) Do you now wish to exercise in a gym or at home?

7) Do you wish to avail of alternative therapies [massage] [Yoga] reflexology]?

8) Any other issue related to fitness or health that you wish to share with me in all CONFIDENCE?

9) You wish to lose inches on your [arms] [shoulders] [chest] [back] [abdomen] [hips] [thighs] [calves]?

10) You wish to gain inches on your [arms] [shoulders] [chest] [back] [abdomen] [hips] [thighs] [calves]?

Your height cm

Your weight kgs

Your body fat percentage

For Men: fill in your measurements in inches / cms

Mid upper right arm Chest nipple line Waist Hips - widest Wid right thigh Mid right calf

For Women: Your measurements -

Your right upper arm (mid point) Bust nipple line Upper abs (below breast) Waist

Lower abs (at panty line) Hips right thigh (mid point) Right calf (at widest point)

Body Evaluation

Your Current Lifestyle

1) Do you smoke?

2) Do you consume alcohol? How many pegs a week?

3) Are you a non-vegetarian?

4) How many cups of coffee or tea do you drink in a day?

5) Do you follow regular working and sleeping hours?

6) Do you sometimes feel that work or personal stress tends to overcome you emotionally or physically?

7) Have you tried alternative therapies like massage or Yoga?

8) Finally, do you wish to make FITNESS a part of your existing LIFESTYLE?

11) Have you exercised in the last one year? [Y] [N]

12) If yes, what kind of exercise do you do? [Strength] [Aerobic] [other - specify] _____

9) If not, when was the last time you exercised regularly? How many hours in a week do you play the sport?

10) Do you currently play any sport / game? [Y] [N]

11) If yes, name the sport _____

12) If not, when was the last time that you played any sport / game?

Diet & Nutrition

Do you wish us to guide you with your nutrition?

If yes, please recall what you ate / drank over the last three days for breakfast, lunch, dinner, etc.

Do fill up this questionnaire and email it to us!