



## LIFESTYLE QUESTIONNAIRE

|              |              |
|--------------|--------------|
| <b>Name:</b> | <b>Date:</b> |
|--------------|--------------|

### Physical Activity

|  |   |
|--|---|
| In the last 6 months how often have you participated in physical activity?   | 3-4 x week<br>1-2 x week<br>1-2 x month<br>Not at all |
| Was this structured or general exercise                                      |   |
| What types of physical activity do you enjoy? E.g. walking/gardening/sports? |   |
| Have you used a gym before? And are you currently a member?                  |   |
| If you have been unable to exercise regularly, what are the reasons?         |   |
| Do you have any current injuries or limitation sin movement?                 |   |

### Occupation/Leisure

|  |  |
|--|--|
| What is your present occupation?   |  |
| Does your occupation involve much physical activity (i.e. lifting, walking, using stairs etc)? |  |
| What activities do you participate in during your leisure time?                                |  |
| Do you work at a computer? If so for how many hours a day?                                     |  |

### Stress

|  |  |
|--|--|
| How stressed do you currently feel? 1- not at all 10 - Extremely | Work 1 · 2 · 3 · 4 · 5 · 6 · 7 · 8 · 9 · 10<br>Home 1 · 2 · 3 · 4 · 5 · 6 · 7 · 8 · 9 · 10 |
| What makes you feel stressed?                                    |  |
| How do you deal with stress?                                     |  |
| How is your ability to relax? Good, average or poor?             |  |
| What do you do to relax? i.e. read/tv/etc?                       |  |





## Diet

|  |  |
|--|--|
| How often do you follow a healthy diet?                        |  |
| How many meals a day do you have? Does this include breakfast? |  |
| How many snacks a day do you have?                             |  |
| Do you think you eat too much or too little?                   |  |
| Do you eat in a hurry?   |  |
| How many portions of fruit & vegetables do you eat daily?      |  |
| Do you add salt or sugar to your food?                         |  |
| How much water do you drink daily?                             |  |
| How much tea/coffee do you drink daily?                        |  |
| Any other drinks? Soft drinks? Fruit juice? Etc                |  |
| Do you drink? If so how many units daily?                      |  |
| Do you smoke? If so how many per day?                          |  |

## Weight

|   |  |
|---|--|
| Do you consider your weight to be an issue? |  |
| Would you like to lose weight/body fat?     |  |

## Fitness

|   |  |
|---|--|
| Rate yourself on a scale of 1-10 (1 being the lowest & 10 being the highest)  |  |
| Where on the scale would you put your current level of fitness?               | 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10 |
| How much stamina do you feel you currently have?                              | 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10 |
| How strong do you think you currently are?                                    | 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10 |
| How flexible do you think you currently are?                                  | 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10 |
| How much time would you like to spend on your exercise? Mins/day & days/week? |  |





## Goals

|   |  |
|---|--|
| What would you like to achieve through exercise?  |  |
| Short term?   |  |
| Long term?  |  |
| Please tick all of these goals that you think apply   |  |
| <ol style="list-style-type: none"> <li>1. Improve overall health</li> <li>2. Improve cardiovascular fitness</li> <li>3. Reshape or tone my body</li> <li>4. Improve performance for a particular sport</li> <li>5. Improve moods &amp; ability to cope with stress</li> <li>6. Improve flexibility</li> <li>7. Increase strength</li> <li>8. Increase energy levels</li> <li>9. Enjoyment</li> <li>10. other</li> </ol> | <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> </ol>              |
| Are there any specific areas you want to focus on   |  |
| <ol style="list-style-type: none"> <li>1. Shoulders</li> <li>2. Chest</li> <li>3. Back</li> <li>4. Biceps</li> <li>5. Triceps</li> <li>6. Abdominals</li> <li>7. Bum</li> <li>8. Quadriceps</li> <li>9. Hamstrings</li> <li>10. Thighs</li> <li>11. Calves</li> </ol>   | <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> </ol> |
| What factors can you foresee may interrupt your exercise?   |  |
| How can we overcome these?  |  |
| How will you feel when you achieve these goals?   |  |

