

FITNESS INFERNO

1-on-1

Nutrition & Training Questionnaire

PROFILE

Print Name: _____ Cell Phone: _____
Email Address: _____ Wk Phone: _____
Street Address: _____ Hm Phone: _____
City: _____ State: _____ Zip Code: _____
Date: ___/___/_____ Birth Date: ___/___/_____
Height: _____ Weight: _____
Gender: male / female (circle one) Body Fat %: _____ (optional)

LIFESTYLE

Please select the one that best describes your professional activity level.

- Sedentary** – Sitting more than 7-8 hours during the work day.
 Moderately Active – Sitting 6 hours and on your feet at least 2 hours during a work day.
 Active – On your feet more than 5 hours during the work day.
 Very Active – On your feet more than 6 hours and doing periodic lifting during the work day.

EXERCISE

Accurately give your average weekly exercise activity.

If you are not engaging in any presently, please check here: N/A: _____

Weight Training: _____ Duration (How Long): _____ Frequency (How Often): _____
Cardiovascular: _____ Duration (How Long): _____ Frequency (How Often): _____

GOALS

Please select the one that best describes your goals:

- Weight Loss** – Designed to decrease body fat with a minimal loss of lean body tissue. One will experience a tighter physique by decreasing fat and water retention.
 Maintain Weight/Change Body Composition – Designed to maintain current body weight and develop muscle density and maturity while decreasing body fat and water retention.
 Weight Gain – Designed to increase lean body mass (muscle) with a minimal increase in body fat. Some water retention may occur after weight training in order to assist the muscles in growth.

NUTRITION PREFERENCES

- Non Dairy
 Non Meat
 Non Meat / Non Dairy
 Non Meat / Non Fish
 Non-restrictive

NUTRITION DISLIKES

Fruit: _____
Vegetables: _____
Meats: _____
Other: _____

PROTEIN REQUIREMENTS

Please select the option that best describes your protein requirements.

- Sedentary Adult
- Exercising Adult
- Competitive Adult Athlete
- Sedentary Teenager
- Exercising Teenager
- Growing Teenage Athlete
- Adult Building Muscle
- Athlete Restricting Calories

BODY TYPE

Please select the statement that best describes you.

- Type I** – I can eat anything I want and not gain weight. I have a very hard time gaining body fat and muscle.
- Type II** – I can lose or gain weight by adjusting my activity level and eating habits.
- Type III** – I find it very difficult to lose weight. I gain weight quickly and have to watch everything I eat to not gain fat.

HEALTH SCREENING

Do you currently have or have you ever been diagnosed with the following medical conditions?

- | | |
|---|---|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Rapid Heart Beat |
| <input type="checkbox"/> Pancreatic Disease | <input type="checkbox"/> Hyponatremia |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Hypothyroid |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Hyperthyroid |
| <input type="checkbox"/> Lactation | <input type="checkbox"/> Overactive Bladder |

LIABILITY WAIVER All participants must read.

As a participant in a nutrition and conditioning program pursuant to this questionnaire, I intend to and will engage in nutritional changes and physical fitness activities as part of my overall conditioning program. I understand that these nutritional changes and physical fitness activities could involve exposure to biological changes and personal injury. I voluntarily assume responsibility for exposure to these biological changes and personal injuries by engaging in a program provided by a personal trainer who will design, and implement my conditioning program. In partial consideration for the use of my conditioning program, I hereby release in full and forever discharge, Lindsay Mulinazzi, Fitness Inferno, its staff, personal trainers, fitness instructors, directors, officers, agents, and employees from any and all claims, demands or causes of action relating to or deriving from my nutritional and physical changes related to engaging and participating in this conditioning program which may result in my death or in an injury to my person or property of any sort whatsoever.

Place your full name here to agree to this waiver so that we may design your program.

First Name: _____ Last Name: _____ Date: ____/____/____

PAR-Q PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

This form is to be filled out by those who are purchasing the training and aerobic program design. For most people physical activity should not pose any problems or hazards. **PAR-Q** has been designed to identify the small number of adults for whom physical activity might be inappropriate, or for those who should have a more complete medical examination before undertaking physical exercise.

Common sense is your best guide in answering these few questions. Please read them carefully and circle the appropriate answer.

- | | | |
|--|-----|----|
| 1. Has your doctor ever said you have heart trouble? | YES | NO |
| 2. Do you frequently have pains in your heart and chest? | YES | NO |
| 3. Do you often feel pain or have spells of severe dizziness? | YES | NO |
| 4. Has your doctor ever said your blood pressure was high? | YES | NO |
| 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse through exercise? | YES | NO |
| 6. Are you over the age of 65 and not accustomed to vigorous exercise? | YES | NO |
| 7. Do you have a temporary minor illness, such as a common cold? | YES | NO |
| 8. Is there a good physical reason not mentioned above why you should not follow an exercise program? | YES | NO |

INFORMED CONSENT

I hereby acknowledge that my participation in exercise is entirely voluntary on my part. Such participation is solely for my own pleasure and benefit. It is possible that certain unhealthy changes may occur during the workout. They include abnormal blood pressure, fainting, disorder of heartbeat, and in rare instances heart attack or stroke. Use of the weight lifting equipment can lead to muscle and skeletal strains, pain, and injury if warm-up, gradual progression, and safety procedures are not followed.

Information you possess about your health status or previous experiences of unusual feelings with physical effort may affect the safety and value of your exercise. Prompt reporting of unusual feelings during exercise are of great importance.

I have read the foregoing information and understand it. Any questions that may have occurred to me have been answered to my satisfaction. I understand that I am free to decline answering specific questions during interviews or when filling out questionnaires, although, this information will be treated as privileged and confidential. It will not be released or revealed to any other person other than a physician without my informed consent.

Place your full name here to give your consent so that we may design your program.

First Name: _____ **Last Name:** _____ **Date:** ___/___/_____