

LIFESTYLE QUESTIONNAIRE

Name Date of birth: / /

Address:

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Tel no: Mobile no:

Email address:

Occupation:

What are your **personal & fitness goals, aims or aspirations?**

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How many times a week can you commit to attending classes?

Briefly describe your current diet, eating patterns/habits:

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How much water do you drink daily?

How many units of alcohol do you drink weekly?

Do you have any particular personal circumstances which you feel may affect your fitness programme? No / Yes .(if yes, please specify)

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What types of exercise do you currently do and how often?

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What types of exercise classes/sessions do you enjoy?

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What types of exercise classes/sessions do you dislike?

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Why do you dislike them?

Please give me lots of feedback about the classes – verbal or use the Feedback Forms and let me know if your goals/aspirations/aims and objectives are being met, thanks, Susan Cockburn

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