

LIFESTYLE QUESTIONNAIRE

Please download, fill in with as much info as possible, sign & give this to Susan/bring to your first class.
Use the other side of this questionnaire to add more info/detail if you need it, thanks.

Name Date of birth: .../.../.....

Address:

Tel no: Mobile no:

Email:

Occupation:

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

.....
.....

Your fitness **strengths**.....
and **weak** areas:.....

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

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

.....

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

.....

What types of exercise classes/sessions do you enjoy?

.....

What types of exercise classes/sessions do you dislike?

.....

Why do you dislike them?

Briefly describe your current diet, eating patterns/habits:

.....

How much water do you drink daily?

How many units of alcohol do you drink weekly?

Would you like me to sign you up to our weekly fitness newsletters which are emailed out on Monday mornings so that you get the very latest news & info?
YES please sign me up..... / Nothanks I can do it myself if I wish

Please note that you can unsubscribe from the weekly newsletter list at any time yourself .

Please follow me on Facebook and Instagram @complementaryfitness

Susan Cockburn **www.complementaryfitness.co.uk**