

SUBJECTIVE INFORMATION ASSESSMENT



WHAT IS YOUR GOAL? _____

HOW MANY DAYS A WEEK ARE YOU COMMITTED TO YOUR PROGRAM? _____

HAVE YOU EVER BROKEN OR SPRAINED ANYTHING? IF SO, PLEASE LIST.

YES _____ NO _____

HAVE YOU EVER HAD ANY SURGERIES? IF SO, PLEASE LIST.

YES _____ NO _____

WHAT ARE YOUR HOBBIES?

WHAT IS YOUR OCCUPATION?

HOW MANY HOURS A DAY ARE YOU AT WORK? _____

WHAT IS YOUR WORK DRESS ATTIRE (INCLUDING SHOES-HEELS, FLATS, MEN'S DRESS SHOE)?

WHAT IS YOUR WEEKEND DRESS ATTIRE (INCLUDING SHOES)?

DO YOU SIT FOR MORE THAN 8 HOURS A DAY?

YES _____ NO _____

DO YOU USE A COMPUTER OR SIT AT A DESK FOR MORE THAN 8 HOURS A DAY?

YES _____ NO _____

DO YOU HAVE CHILDREN? IF SO, HOW MANY?

YES _____ NO _____

ARE YOU CURRENTLY ACTIVE?

YES _____ NO _____

TYPICALLY, HOW MANY MEALS DO YOU EAT PER DAY (CHECK ONE)

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

TYPICALLY, WHAT TIME ARE THESE MEALS? _____

DO YOU KNOW APPROXIMATELY HOW MANY CALORIES YOU CONSUME PER DAY?

YES _____ NO _____

DO YOU KNOW HOW MANY CALORIES YOU SHOULD BE EATING TO REACH/SUPPORT YOUR GOAL

IF YES, HOW MANY AND HOW WAS THIS DETERMINED?

YES _____ NO _____

ARE YOU CURRENTLY TAKING A MULTIVITAMIN OR ANY OTHER DIETARY SUPPLEMENTS?

IF YES, WHAT ARE YOU TAKING? IF NO, WHY NOT?

YES _____ NO _____

HOW WOULD YOU DESCRIBE YOUR DIET?
REGULAR, LACTO-OVO, VEGETARIAN, VEGAN, OTHER

TYPICALLY, HOW MANY MEALS TO YOU EAT OUTSIDE THE HOME PER WEEK? _____

WOULD THE MAJORITY OF THESE MEALS BE DESCRIBED AS :
FAST FOOD (TAKE-OUT) OR SEATED RESTAURANT

WHAT IS YOUR FAVORITE CUISINE? AMERICAN, MEXICAN, CHINESE, JAPANESE, INDIAN

DO YOU SMOKE? IF SO, HOW MANY A DAY?

YES _____ NO _____

DO YOU DRINK CAFFEINE? IF SO, HOW MANY DRINKS A DAY?

YES _____ NO _____

DO YOU DRINK ALCOHOL? IF SO, HOW MANY DRINKS PER DAY?

YES _____ NO _____

HAVE YOU EVER WORKED WITH A TRAINER?

YES _____

NO _____