

Steenfit Questionnaire

Thank you for your interest in private training with Nikki Steen, D.B.A. **Steenfit**.

The following questionnaire will help me provide you with a safe fitness training program customized to your particular needs and abilities. I appreciate your complete candor and attention to detail in filling out this form. Thank you, Nikki.

Name:

Phone:

Email address:

Address:

Current Fitness Program (type, duration, frequency):

Past Fitness/Athletic Training:

Ideal workout schedule (please specify preferred days, times and desired number of sessions per week):

What is your expected term of training? Are you interested in beginning a long term training program with a fitness professional or some quick pointers to incorporate into your own workouts? (Please note that either scenario can be accommodated but will be approached slightly differently.)

What are your short-term fitness goals?

What are your long-term fitness goals?

What are your dietary habits?

What is your average consumption of caffeine, alcohol, sugary and high fat foods?

Do you smoke?

Do you have a history of substance abuse (including alcohol, tobacco, drugs or food addiction)?

Do you suffer from body obsession, anorexia, bulimia or any other food/body related disorders?

What commercial or other diets have you tried (successfully or unsuccessfully)?

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Would you describe yourself as:

- a. A person who likes to be pushed and/or might tend to over-exert to the point of excessive fatigue/pain?
- b. A person who needs extra external motivation and/or might tend to give up easily, rest frequently or avoid discomfort?
- c. Somewhere in between

What is your history of illness/family illness? Do you suffer from:

Diabetes?

Low blood sugar?

Low blood pressure?

High blood pressure?

High cholesterol?

Heart problems?

Lung/respiratory problems, asthma, etc?

Circulatory problems?

Orthopedic Problems, arthritis, joint problems, osteoporosis, etc?

Any current medical conditions?

Please list all injuries (past/present), including but not limited to:

Neck-

Back-

Shoulder-

Hips-

Knees-

Ankles-

Joint-

Muscle/ligament sprains, strains, and tears-

Please list any surgeries:

Please list any medications:

I am over 18 years of age or have consent from a parent/legal guardian. I am in apparent healthy condition and have no objection from my physician as to the appropriateness of a fitness program at this time. If my health is compromised I will disclose this information to Nikki and obtain clearance from a physician/medical professional:

Name:

Date:

Name of Parent/Legal Guardian (if under the age of 18):

Date: