



Date Received: _____
Member Assessed by: _____

Personal Fitness & Nutrition Development Questionnaire

CURRENT MEMBER

This questionnaire has been created to assess where you are and where you want to be by the end of this year. As an active member at our Box we know you have been working hard to attain your goals. This year we would like to provide you with support to ensure you meet your goals. Please be as honest as possible. If you need to write additional information for us to review feel free to add a page at the end with comments or concerns. The information contained herein will remain confidential, it will be reviewed by the CrossFit MIA Coach, which best suits your needs.

You will be asked to schedule a 15 minute meeting with one of our Coaches to assess your current diet and exercise plan and will be given suggestions and guidance for the upcoming year according to your goals. As part of your assessment we would like to take pictures of you, this is completely optional. It will serve as a starting point from which to part. It is a useful tool as a visual marker of your changes in 2018.

First Name: _____ Last Name: _____
Phone Number: _____ E-mail: _____
Address: _____ City/State/Zip: _____
Age: _____ Gender: _____ Emergency Contact: _____

Before you begin any physical fitness regimen you should always consult with your Physician. This is the responsibility of the member, your Coach or Trainer will not be contacting your physician.

Let's talk GOALS:

What are your Goals for 2018? We would like to have healthy goals. In order to do so you will need to do a little thinking and planning. We will help you hone in; however, order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure all your goals are 'SMART'.

S= Specific (Provide details, how long, how much etc.)

M= Measurable (How will you measure whether you've reached your goals)

A= Attainable (Be realistic, set smaller goals)

R = Rewards-Based (Attach a reward to each goal)

T = Time Frame (Set specific dates for goals)

1. Please list in order of priority, the fitness goals you would like to achieve in the next year?

Ideas:

- | | | |
|---|---|---|
| <input type="checkbox"/> Learn to eat a Balanced Diet | <input type="checkbox"/> Decrease Body Fat | <input type="checkbox"/> Work on specific movements |
| <input type="checkbox"/> Balance Activity & Diet | <input type="checkbox"/> Reduce Stress | <input type="checkbox"/> Increase Strength & Power |
| <input type="checkbox"/> Create a Healthy Lifestyle | <input type="checkbox"/> Feel Better | <input type="checkbox"/> Improve Speed/Agility |
| <input type="checkbox"/> Improve Overall Health | <input type="checkbox"/> Increase Flexibility | <input type="checkbox"/> Improve Athletic Performance |
| <input type="checkbox"/> Maintain a Healthy Weight | <input type="checkbox"/> Increase Endurance | <input type="checkbox"/> Improve my PRs |

- a. _____
b. _____
c. _____

2. How important is it for you to achieve these goals? ☐ Very ☐ Semi ☐ Not very

3. How will you feel once you've achieved these goals? Be specific.

4. Where do you rate health in your life? ☐ Low priority ☐ Medium Priority ☐ High priority

5. What do you think is the most important thing your coach/trainer can do to help you achieve your fitness goals?

6. Be thoughtful, Figure about what time of day you would prefer to work out.

Realistically, how often a week would you like to exercise? _____x/week

Realistically, how much time would you like to spend during each exercise session? _____

7. What is keeping you from achieving your Fitness & Nutrition goals? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Lack of Motivation | <input type="checkbox"/> Time | <input type="checkbox"/> No Clear guidance |
| <input type="checkbox"/> Hitting a Plateau | <input type="checkbox"/> Self Conscious | <input type="checkbox"/> Not Knowing Where/How to Begin |
| <input type="checkbox"/> Money | <input type="checkbox"/> Lack of Results | <input type="checkbox"/> Other: _____ |

8. What motivates you? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Seeing Results | <input type="checkbox"/> Having Fun | <input type="checkbox"/> Praise/Rewards |
| <input type="checkbox"/> Accountability | <input type="checkbox"/> Feeling Better | <input type="checkbox"/> Other: _____ |

9. What activities/exercises outside of CrossFit do you currently participate in? (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Running/Walking | <input type="checkbox"/> Aerobics/Dance | <input type="checkbox"/> Strength Circuit |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Bootcamp | <input type="checkbox"/> Free Weights |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Yoga/Pilates | <input type="checkbox"/> Resistance Training |
| <input type="checkbox"/> Outdoor Activities | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> CrossFit – How often _____ |
| <input type="checkbox"/> Recreational Activities | <input type="checkbox"/> Calisthenics | <input type="checkbox"/> Other: _____ Golf |
| <input type="checkbox"/> | <input type="checkbox"/> Conditioning | |

Nutrition Related Questions:

Height: _____ Weight: _____

Have you had any recent weight gain or loss? ☐ YES ☐ NO

If yes, please explain.

List your top 3 nutrition questions or concerns.

a. _____

b. _____

c. _____

1) On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)? _____

2) How many times a day do you usually eat (including snacks)? _____

3) How many glasses of water do you consume daily? _____

4) Do you know how many calories you eat per day? ☐ YES ☐ NO If yes, how many? _____

5) Are you currently or have you ever taken a multivitamin or any other food supplements? ☐ Y ☐ N

If yes, please list the supplements:

6) At work or school, do you usually: ☐ Eat out ☐ Bring food

7) Have you ever successfully followed a specific diet regime? If so, which one(s) and how successful were you?

Lifestyle Related Questions:

1) Do you smoke? ☐ YES ☐ NO If yes, how many per day? _____

2) Do you drink alcohol? ☐ YES ☐ NO If yes, how many glasses per week? _____

3) How many hours of uninterrupted sleep do you get per night? Do you feel rested in the morning? _____

4) List your 3 biggest sources of stress:

a. _____

b. _____

c. _____

RELEASE AND WAIVER OF LIABILITY

MEMBER'S ACKNOWLEDGEMENT OF ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF CrossFit MIA, LLC. I have a Waiver on File with CrossFit MIA, LLC. By signing this Agreement, Member asserts that he or she has read, and signed Current Waiver Form on WODify.

Member Signature: **X** _____ Date: _____