



MY ACTIVE LIFESTYLE INTERVIEW

Hello, new client! Please take the time to fill out this questionnaire, as it will provide me with useful information pertaining to your health and exercise history, as well as your current and future goals. You may email me back your answers, or give it to me in person. You may also feel free to email me the diet section of the Active Lifestyle Interview separate from the rest, as it will take longer to complete.

Name:		Date:	
DOB:		Age:	
Height:		Weight:	

About My Weight/Size	
Current Clothing Size (dress size or pants waist size):	
Lightest Adult Weight and Clothing Size:	
Ideal Weight and Clothing Size (this is where you would feel your "best." There are some individuals who may have felt their best a few pounds heavier than their Lightest Adult Weight.):	

Resting Heart Rate	
Also known as <i>RHR</i> , this is done by taking your pulse, right when you wake from sleep/nap (without an alarm clock or kids running in and tackling you awake), for 10 seconds. Take this as many times as you want, but you're looking for the lowest number. So, if you take it five different times, and you come up with 9, 12, 7, 10, and 11, I'm going to take 7 as your resting heart rate.	
RHR:	

Personal Medical History
PLEASE be <u>honest</u> when filling this out. I need to know <u>everything</u> to ensure a safe and healthy exercise program. Include medicines (dosage sizes and frequency of the dose), Physical Therapy, Chiropractic visits, weekly massages, acupuncture sessions, etc.

Family Medical History

Include anything that has afflicted any aunts, uncles, or cousins that are blood relatives.

Personal Exercise History

Anything, from neighborhood walking to golf, swimming to karate, from the last 20 years. Include frequency (two or three times per week) as well as duration (60 minute practices).

Personal Goals

This is ANYTHING you've ever wanted to do. This includes traveling to Florence, Italy to hike the countryside, moving up the corporate ladder in your business, running a 5k race and making it to the finish line, or anything else you've ever dared to dream.

Domestic Habits

Duration: 5 days. The more information you have, the better I will be able to assist you. Please be as specific as you can (list brand names, i.e. Kellogg's Strawberry Nutri-Grain Bars, Marie Calendar's Chicken Pot Pie Dinner). If you're not sure of the exact measurement, i.e. ½ cup of raisins, feel free to use "a handful of" or "a large/small bowl of" to give me an idea.

Day 1:

Time you work up:		Time you went to sleep:	
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BREAKFAST	Time you ate breakfast:	
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Food (Amount and Type):

LUNCH	Time you ate lunch:	
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Food (Amount and Type):

DINNER	Time you ate dinner:	
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Food (Amount and Type):

SNACKS	Time you ate snacks:	
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Food (Amount and Type):

BEVERAGES

Beverages (Amount and Type):

Day 2:			
Time you work up:		Time you went to sleep:	
BREAKFAST		Time you ate breakfast:	
Food (Amount and Type):			
LUNCH		Time you ate lunch:	
Food (Amount and Type):			
DINNER		Time you ate dinner:	
Food (Amount and Type):			
SNACKS		Time you ate snacks:	
Food (Amount and Type):			
BEVERAGES			
Beverages (Amount and Type):			

Day 3:			
Time you work up:		Time you went to sleep:	
BREAKFAST		Time you ate breakfast:	
Food (Amount and Type):			
LUNCH		Time you ate lunch:	
Food (Amount and Type):			
DINNER		Time you ate dinner:	
Food (Amount and Type):			
SNACKS		Time you ate snacks:	
Food (Amount and Type):			
BEVERAGES			
Beverages (Amount and Type):			

Day 4:			
Time you work up:		Time you went to sleep:	
BREAKFAST		Time you ate breakfast:	
Food (Amount and Type):			
LUNCH		Time you ate lunch:	
Food (Amount and Type):			
DINNER		Time you ate dinner:	
Food (Amount and Type):			
SNACKS		Time you ate snacks:	
Food (Amount and Type):			
BEVERAGES			
Beverages (Amount and Type):			

Day 5:			
Time you work up:		Time you went to sleep:	
BREAKFAST		Time you ate breakfast:	
Food (Amount and Type):			
LUNCH		Time you ate lunch:	
Food (Amount and Type):			
DINNER		Time you ate dinner:	
Food (Amount and Type):			
SNACKS		Time you ate snacks:	
Food (Amount and Type):			
BEVERAGES			
Beverages (Amount and Type):			