**Coaching Questionnaire**

**Basic Info**

**Name:**

**Sex:**

**Age:**

**Height:**

**Weight:**

**Body Fat Percentage (leave blank if unknown):**

**Any health conditions I need to know of:**

**Lifestyle**

**1) Do you smoke?**

**2) Do you drink alcohol?**

**3) How many hours do you regularly sleep at night?**

**4) Describe your job: Sedentary / Active / Physically Demanding**

**5) Does your job require travel?**

**6) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)?**

**Training**

**1) On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)?**

**2) Do you do any sports? If so please explain:**

**3) How often (per week)?**

**4) When it comes to weight training, do you consider yourself:**

**Beginner / Intermediate / Advanced**

**6) What is the biggest (training) obstacle that has kept you from reaching your fitness goals until now?**

**7) How often would you like to train per week? (I recommend 3 weekly workouts for beginners)**

**8) Do you prefer bodyweight or gym exercises?**

**Nutrition**

**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) Do you eat breakfast?**

**4) Do you eat late at night? Often / Sometimes / Rarely / Never**

**5) Do you feel drops in your energy levels throughout the day? If yes, when?**

**6) Do you know how many calories you eat per day? If so, how many?**

**7) Are you currently taking any supplements?**

**If so, please list them:**

**8) List 3 areas of your nutrition you would like to improve**

**9) Please list your favorite foods as well as foods you don’t like**

**10) Briefly take me through a typical day of eating (bullet points are enough)**