

# Personal Fitness & Lifestyle Goals Questionnaire

Today's Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

In striving to achieve a higher state of wellness or fitness, a set of clearly articulated goals is essential. These goals will help to guide your lifestyle choices such as when and what to eat, how often and how intensely to exercise, and how to overcome the challenges and barriers you will surely encounter.

**Please indicate your personal health and fitness goals:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lose Weight       | <input type="checkbox"/> Stop Smoking      | <input type="checkbox"/> Feel Better      |
| <input type="checkbox"/> General Fitness   | <input type="checkbox"/> Sports Specific   | <input type="checkbox"/> Flexibility      |
| <input type="checkbox"/> Reduce Stress     | <input type="checkbox"/> Lower Cholesterol | <input type="checkbox"/> Muscular Size    |
| <input type="checkbox"/> Muscular Strength | <input type="checkbox"/> Look Better       | <input type="checkbox"/> Reduce Back Pain |
| <input type="checkbox"/> Improve Diet      | <input type="checkbox"/> Aerobic Fitness   | <input type="checkbox"/> Injury Rehab     |

**Please tell us more about your exercise patterns and goals:**

Exercise History:

Needs:

Wants:

Activity Preferences:

Barriers to Success:

Motivation Level:

Confidence Level:

Evidence of Success:

Please use the space below to record three concrete commitments that you are willing to make to your own health goals. For example you might commit "To arrive, ready for exercise, on Mondays, Wednesdays and Fridays by 6:30pm." These should be challenging but also realistic and attainable commitments. When finished, please sign this form to signify your personal commitment.

**Concrete Commitments to Reach Your Goals:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Witnessed:** \_\_\_\_\_