

Thank you for reaching out! I love what I do and love that you are giving me the opportunity to continue to do what I love! I am confident that you will enjoy your plan and will be closer to reaching your fitness goals after working with me. Thank you for taking the time to fill out this questionnaire. All answered questions will remain confidential and help to create your fitness plan. Please send the completed form via email to noasmus@gmail.com. You can either print out this doc and scan it to my email or complete it on word. Once I get the doc, I can start creating your plan! Again, thank you and I can't wait for you to start!

Prescreening Questionnaire

Name_____

Age_____

Height_____

Weight_____

BMI, don't answer_____

BMI Classification, don't answer_____

Physical Activity

1. In the past three months have you:
 - a. Completed at least 90 minutes per week of moderate intensity cardio? (i.e. walking on an incline/light jog/cycle for 30 minutes, 3 times a week)
 - i. Answer:
 - b. Completed at least 2 full body resistance training days per week? (i.e. weights, plyometrics, calisthenics, etc.)
 - i. Answer:
 - c. Completed at least 1 day of full body stretching a week? (i.e. 30-60s stretch holds spread out over the whole body)
 - i. Answer:
 - d. If yes to a, b and/or c, briefly describe your training in a few sentences.
 - i. Answer:
2. On average, how many hours a week do you work?
 - a. Answer:
3. Are you on your feet/walking a lot at work? If yes, how long during your shifts are you?
 - a. Answer:
4. Do you have any hobbies that require being active? (i.e. softball, basketball, gardening, etc.)
 - a. Answer:
5. If yes to 4, how many minutes per week? If no, skip.
 - a. Answer:

Physical Health

1. Do you have any known cardiovascular/renal/pulmonary/metabolic disease? (i.e. type 1 or 2 diabetes, coronary artery disease, atherosclerosis, COPD, asthma, kidney disease, etc.) If no skip to 4.
 - a. Answer:
2. What disease?
 - a. Answer:
3. Do you take any medications? If yes, what?
 - a. Answer:
4. Do you ever have pain in your chest, jar, shoulder, or neck while resting?
 - a. Answer:
5. Do you experience shortness of breath at rest or with mild exertion? (i.e. walking up one flight of stairs or walking from kitchen to living room)
 - a. Answer:
6. Are you ever dizzy or pass out from mild exertion?
 - a. Answer:
7. If yes to 6, briefly explain. If no, skip.
 - a. Answer:
8. Do you experience shortness of breath when trying to sleep?
 - a. Answer:
9. Do you have ankle edema? (pooling of blood in your ankles)
 - a. Answer:
10. Do you ever experience palpitations or tachycardia at rest? (fast, racing, hard heart beats for a brief period of time)
 - a. Answer:
11. Do your muscles ever experience unusual pain while exercising or at rest? (burning sensation is normal from exercise)
 - a. Answer:
12. Do you have a known heart murmur?
 - a. Answer:
13. Have you had a heart attack?
 - a. Answer:
14. If yes, how long ago?
 - a. Answer:

Cardiovascular Disease (CVD) Risk Factors

1. Has a sibling or parent experienced or passed away from a CVD event? (i.e. heart attack, stroke, aneurism, etc.)
 - a. Answer:
2. If yes, how old were they and what relative? If no, skip.

- a. Answer:
3. Do you smoke cigarettes?
 - a. Answer:
4. If yes, how often? If no, skip.
 - a. Answer:
5. Have you quit smoking cigarettes before?
 - a. Answer:
6. If yes, how long ago? If no, skip.
 - a. Answer:
7. Do you have hypertension? If yes, are you on medications?
 - a. Answer:
8. Do you have high cholesterol? If yes, are you on medications?
 - a. Answer:
9. If known, list your cholesterol levels. If not, skip. (total, HDL, and LDL)
 - a. Answer:
10. Do you have prediabetes? (fasting glucose between 100-126 or OGLT between 140-200)
 - a. Answer:

Nutrition

1. On average, how many calories do you consume a day?
 - a. Answer:
2. How often do you consume lean meats? (i.e. salmon, chicken breasts, lean ground beef/turkey, tofu, etc.)
 - a. Answer:
3. How often do you consume whole grain? (i.e. whole wheat pasta/bread, enriched or brown rice, whole grain cereal)
 - a. Answer:
4. How often do you eat fruits/veggies?
 - a. Answer:
5. Top three sources of protein (meats)?
 - a. Answer:
6. Top three sources of carbs (ex: rice, cereal, bread, pasta, potatoes, etc)?
 - a. Answer:
7. Top three veggies?
 - a. Answer:
8. Top three fruits?
 - a. Answer:
9. How often do you eat out? (sit down or fast food)
 - a. Answer:
10. What are your go to restaurants? (sit down or fast food)

- a. Answer:
- 11. What's your favorite foods?
 - a. Answer:
- 12. What's your least favorite foods?
 - a. Answer:
- 13. What's your favorite meal?
 - a. Answer:

Fitness Plan Questions

- 1. What is your motive for the plan?
 - a. Answer:
- 2. What are your goals for the plan?
 - a. Answer:
- 3. How long of a plan are you looking for?
 - a. Answer:
- 4. Do you have a gym membership? If yes, what gym?
 - a. Answer:
- 5. What equipment will you have access to?
 - a. Answer:
- 6. How experienced are you with the weight room?
 - a. Answer:
- 7. What's your top three favorite lifts? (i.e. deadlift, lat pulldown, bent over row, bench press, biceps curl, etc.)
 - a. Answer:
- 8. What's your top three favorite forms of cardio? (i.e. HIIT, running, cycling, circuits, etc.)
 - a. Answer:
- 9. How do you feel about starting this plan? Excited? Nervous maybe? Etc.
 - a. Answer: