



kazpersonalfitness.com

Kaz Personal Fitness & Wellness Program

## LIFESTYLE INFORMATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

### Physical Activity

1. In the past year, how often have you been engaged in physical activity?  
 Regularly (3 to 4 times/week)       Semi-regular (1 to 2 times/week)  
 Sporadic (1 to 2 times/month)       None
2. What types of physical activity do you consider "fun"? \_\_\_\_\_  
\_\_\_\_\_
3. What are your personal barriers to exercise (i.e., your reasons for not exercising)? \_\_\_\_\_  
\_\_\_\_\_
4. What physical activity have you been successful with in the past (liked and participated in regularly)?  
\_\_\_\_\_  
\_\_\_\_\_
5. How do you think your weight affects your daily activities?  
\_\_\_\_\_

### Support

6. Do you feel any family, friends, or co-workers have negative feelings (i.e., disapproval, resentment) towards your efforts at physical activity?  
\_\_\_\_\_
7. Is your significant other or a close friend involved in any regular physical activity?  
\_\_\_\_\_

### Occupation/Leisure

8. What is your present occupation? \_\_\_\_\_  
\_\_\_\_\_
9. Does your occupation require much activity (i.e., walking, getting up and down, carrying things)?  
\_\_\_\_\_  
\_\_\_\_\_
10. What are your usual leisure activities? \_\_\_\_\_  
\_\_\_\_\_

### Stressors

11. What types of things make you feel stressed? \_\_\_\_\_  
\_\_\_\_\_
12. How do you deal with your stress normally? \_\_\_\_\_  
\_\_\_\_\_

**Dietary Patterns**

- 13. How many meals and/or snacks do you have per day? \_\_\_\_\_  
\_\_\_\_\_
- 14. What would you estimate your caloric intake to be per day? \_\_\_\_\_  
\_\_\_\_\_
- 15. Do you feel you eat healthy “most of the time”? \_\_\_\_\_  
\_\_\_\_\_

**Expectations**

- 16. Specifically describe what you would like to accomplish through your fitness program during the next:
  - 1 month \_\_\_\_\_
  - 4 months \_\_\_\_\_
  - 1 year \_\_\_\_\_