KAZ

kazpersonalfitness.com

Kaz Personal Fitness 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_____