

BEFORE YOUR ASSESSMENT

In order to best assist you in your fitness goals, the BGCC Personal Fitness Trainers will spend a portion of the personal Fitness session going over fitness history, goals, personal preferences, etc.....The following questions can be filled out and brought to the first session (if you so choose). These questions are designed to get you thinking about your lifestyle, body and fitness goals that you wish to achieve. At BGCC, we want you to adopt a healthy fitness regiment that continues the rest of your life. Our fitness professionals are dedicated to providing quality instruction, training and advice suited to your needs. Sign up today and bring this questionnaire in with you when you come in for your first appointment!

FILL IN THE BLANK

I _____ exercised in the past.
(have, have not, a lot, a little, moderately, etc...)

I prefer to work out _____.
(alone, in a large group, with one buddy)

I have _____ discipline to stick to a program.
(a lot, none, some, only on Tuesdays, etc....)

I need _____ to stick to my fitness program.
(a ton of help, a drill sergeant, some help, no help)

I _____ to lift weights.
(like to, have, have never, hate it)

I prefer to _____ for a cardiovascular workout.
(run, bike, swim, what is cardio?)

What type of exercise have you done in the past that you have enjoyed? _____.

What type of exercise have you done in the past that you have disliked? _____.

GOALS: check as many as applicable to you.

<input type="checkbox"/> gain strength	<input type="checkbox"/> increase cardiovascular fitness
<input type="checkbox"/> lose weight	<input type="checkbox"/> generally improve health
<input type="checkbox"/> tone muscles	<input type="checkbox"/> other _____

SHORT TERM GOALS

LONG TERM GOALS

How long do you think it will take to meet these goals?

Short _____

Long _____

What have you done in the past, or, what are you doing currently to meet these goals? _____

SELF ASSESSMENT: (In my opinion, I excellent, good average, fair, poor, other, in the following fitness areas...)

FLEXIBILITY _____.

MUSCULAR ENDURANCE _____.

CARDIOVASCULAR HEALTH _____.

EQUIPMENT KNOWLEDGE _____.

What do you want to IMPROVE on?

_____.

What do you already do WELL?

_____.

PLEASE be sure to wear comfortable clothing and non-marking gym/tennis shoes to your appointment. We will be doing several fitness assessments to test flexibility, muscular endurance, etc.