



FITNESS PROGRAM QUESTIONNAIRE

In order to create a personalized fitness program for you, please check what training plan and program length you would like. Refer to the website www.fit4youprograms.com for more detailed descriptions of each plan. Once you have selected a package, please answer the following questions and be as specific as possible in your responses. Your responses will be kept strictly confidential.

Send your typed or neatly handwritten Fitness Program Questionnaire along with check or money order to: **Fit 4 You, c/o Nicole Weidensaul, 35297 Balmoral Dr, Locust Grove, VA 22508**. Make checks and money orders payable to Fit 4 You. You may also email your responses to the Fitness Program Questionnaire to: nicole@fit4youprograms.com. If you send your responses via email, be sure to mail a copy of the signed Consent & Release form (Section VIII) with your check. If you have any questions, please call Nicole Weidensaul at (540) 399-9770, or email nicole@fit4youprograms.com.

5K/10K TRAINING PLAN

8 weeks: \$125 12 weeks: \$165 16 weeks: \$200

HALF MARATHON/MARATHON TRAINING PLAN

12 weeks: \$165 16 weeks: \$200 20 weeks: \$230
 24 weeks: \$255

SPRINT/OLYMPIC DISTANCE TRIATHLON TRAINING PLAN

8 weeks: \$155 12 weeks: \$200 16 weeks: \$240

HALF IRONMAN/IRONMAN TRIATHLON TRAINING PLAN

12 weeks: \$200 16 weeks: \$240 20 weeks: \$275
 24 weeks: \$300

STRENGTH TRAINING PLAN

8 weeks: \$150 12 weeks: \$200 16 weeks: \$240
 20 weeks: \$275 24 weeks: \$300

SECTION I – DEMOGRAPHIC INFO

Name:

Date:

Age:

Date of Birth:

Address:

City:

State:

Zip Code:

Sex:

Phone Number (day):

Phone Number (eve):

Email:

Occupation:

Height:

Weight:

Resting Heart Rate (if known):

Maximum Heart Rate (if known):

Body Fat % (if known):

Do you have a heart rate monitor?

What is the preferred method to reach you?

SECTION II – MEDICAL HISTORY

Please list all over the counter medications, prescription medications, and supplements you currently take:

How would you describe your current state of health?

Do you have a current or previous injury or illness that may affect your fitness program? If so, please describe what happened, date of onset, diagnosis, and if you currently experience any pain as a result?

Have you ever been diagnosed or treated for having one of the following conditions?

- Cancer
- Stroke
- High Blood Pressure
- Asthma
- Diabetes
- Arthritis
- Other (please be specific)

If you checked yes to any of the above, please elaborate:

Has anyone in your family been diagnosed or treated for having one of the following conditions?

- Cancer
- Stroke
- High Blood Pressure
- Asthma
- Diabetes
- Arthritis
- Other (please be specific)

If you checked yes to any of the above, please elaborate:



SECTION III – GOALS

What are your goals; what are you looking to achieve with this exercise program? Please be as specific as possible. *For example, I would like to lose 20 pounds in 4 months; I would like to finish a 5K race in 25 minutes in 6 weeks; I want to tone and firm my legs.*

What fitness activities do you want me to include in your program? Do you find certain activities more enjoyable than others? If so, please list. Are there any activities you absolutely do not want to do or aren't able to do? If so, please list.

How many minutes can you spend during each exercise session?

How many days per week can you exercise?

Do you have a preference on which days would you like to exercise? If so, please list.

Where would you like to do your exercise (i.e., outside, gym, home, etc.)

If at home, do you have any equipment? If yes, please list.

If you are not currently exercising, how long has it been since you have worked out regularly (weeks, months, years)?

If you are currently exercising, how long have you doing your current fitness routine (weeks, months, years)?

SECTION IV – AEROBIC BACKGROUND (Running & Triathlon Training Plans only)

Please describe your current aerobic exercise (i.e., running, swimming, etc.) you do each day. Please include the intensity of each workout (i.e., easy, moderate, hard effort), the duration of each workout, and what type of activity (i.e., walking) you are doing each workout. *For example, Monday I run 2 miles at a 10:00 minute/mile pace for 20 minutes. Wednesdays I ride the bike for 45 minutes at a 15 mph pace for 12 miles, etc.*

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

SECTION V – STRENGTH BACKGROUND (Strength Training Plan Only)

Please describe your current strength workouts (i.e., lifting weights, calisthenics) you do each day. Please include which exercises you are doing, how many sets and repetitions you do for each exercise, and the intensity of your strength workouts (i.e., low, moderate, heavy)? If you do not know the name of the exercise(s) you are doing, do your best to describe the motion and what muscle(s) you work during the exercise. *For example, Monday I do squats. I do 2 sets of 10 repetitions holding 10# dumbbells. Thursdays I do sit-ups. I do 3 sets of 10 repetitions and it is easy for me.*

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

SECTION VI – FLEXIBILITY BACKGROUND (All Training Plans)

Please describe your current stretching routine. Please include which stretches you are doing, how many days a week you stretch, how long you hold each stretch, how many times do you do each stretch, and if you stretch before or after you exercise? If you do not know the name of the stretch(s) you are doing, do your best to describe the motion and what muscle(s) you stretch during the exercise. *For example, Monday I stretch my hamstrings by propping my leg up on a step and reaching over to touch my toes. I hold the stretch for 10 seconds, and do the stretch 2 times on each leg. Tuesdays I stretch my calf by standing on the curb and letting my heel drop down. I hold the stretch for 15 seconds and do the stretch one time on each side.*

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

SECTION VII – ADDITIONAL COMMENTS/CONCERNS

Please list any additional comments or concerns, or anything you think would be helpful in writing your exercise program:

SECTION VIII – CONSENT AND RELEASE

I desire to participate in a Fit 4 You fitness program and my choice to participate in a Fit 4 You fitness program is voluntary on my part. By making the choice to participate, I understand the risks involved in fitness activities and I understand and agree that I knowingly and voluntarily assume the risk of any injury or harm to me that may in any way result or arise from my participation in a Fit 4 You fitness program. I also understand and agree that neither Fit 4 You nor its affiliates or employees are or shall be responsible for any injury or harm to me.

I understand that I should not participate in a Fit 4 You fitness program unless I am medically able and have consulted with my physician. I further understand that the fitness guidance given by Fit 4 You is NOT intended in any way to be a substitute for professional medical advice and that I should refer any medical questions or concerns I may have to my physician or qualified healthcare provider.

Having read this waiver and knowing these facts, I agree to forever release, waive, discharge, and hold harmless Fit 4 You and its affiliates and employees from any and all claims, liability, or loss for bodily injury or harm, including death, arising out of my participation in a Fit 4 You fitness program, whether based on negligence or any other cause. Furthermore, I agree to allow Fit 4 You the right to use my name and likeness for advertising or promotional purposes without compensation.

I have read the above information and am willing to participate in a Fit 4 You fitness program.

Participant's Signature
(Parent or Guardian if Under 18)

Print Name

Date

