



34651 Blackfoot St. NW
Cambridge, MN 55008
612.790.5561 mobile
763.689.3602 office
info@aisfitness.com

Client Self Assessment

The following questions will help determine your level of readiness to make lifestyle changes, your motivation towards reaching your goals, and identifying obstacles to your success. There are no right or wrong answers as this information will be used in the development of the best possible fitness program for you.

- Are you placing your health at risk because of your current behaviors or lifestyle? If so, please describe. (ex. smoking, drug use, sedentary, overweight, etc)
- Are you seeking to make lifetime changes or reach a short-term, temporary goal?
- Are you open to trying different approaches or do you have preferred methods, areas to avoid, etc?
- Are you willing to set realistic goals and prepared to deal with possible setbacks?
- Are you willing to make lifestyle changes or would you rather maintain your current lifestyle with slight modifications?
- Have you made previous attempts at lifestyle changes? If so, what were the results?

- Compared to previous attempts, how motivated are you at this time to try to change your lifestyle? (1-5 scale; 1=not at all motivated, 5= extremely motivated)

- Are there outside factors (work, family, travel, etc) that could impact your ability to make lifestyle changes? If so, list:

- How confident are you that you can work regular exercise into your daily schedule starting tomorrow? (use a 1-5 scale; 1=not at all confident, 5=extremely confident)

- Indicate your busiest day of the week and your easiest day of the week.
 Busiest: _____ Easiest: _____

- List any challenges that are a result of your present situation (e.g., “none of my clothes fit”; “I have no energy”; “My blood pressure is too high”).

- Are you looking for improvements in:
 - weight____
 - appearance____
 - health____
 - energy____
 - injury recovery____
 - other_____