



LIVE YOUR BEAST LIFE
Fitness Assessment



I AM SO EXCITED TO GET
TO WORK WITH YOU!





FITNESS ASSESSMENT AND GOAL SETTING FORM

Please complete this form as honestly and thoroughly as possible. This information will help us create a personalized workout and diet plan that aligns with your goals and current fitness level.

BASIC INFO:

Name:

Age:

Height:

Weight (optional):

Occupation (and physical demands of your job):

Do you have any medical conditions, injuries, or physical limitations? (e.g., asthma, joint pain, back issues)

CURRENT FITNESS LEVEL:

How would you rate your current fitness level (Beginner, intermediate, or advanced?)

How often do you currently exercise?

Never

3-4 times per week

1-2 times per week

5-6 times per week

What type of exercises do you currently do?



GOALS AND MOTIVATION

What are your primary fitness goals? (Check all that apply and elaborate if needed)

Build strength

Lose weight

Increase flexibility

Improve endurance

Other (please specify): _____

Are there specific milestones you'd like to achieve in the next 3 months? (e.g., do 20 push-ups, run 3 miles without stopping)

What motivates you to exercise? (e.g., health reasons, improve mood, challenge yourself)

Do you have any barriers or challenges that might make it difficult to stay consistent? (e.g., time, energy, lack of equipment)



LIFESTYLE AND DIET

How many hours of sleep do you get per night?

Less than 5 hours

5-7 hours

7-9 hours

More than 9 hours

How would you describe your diet? (e.g., balanced, inconsistent, high in processed foods)

Do you have any dietary restrictions or preferences? (e.g., vegetarian, gluten-free, allergies)

Do you currently track your food intake? Do you consume alcohol, caffeine, or sugary drinks? If so, how often?



PREFERENCES & LOGISTICS

How many days per week are you willing to commit to exercising?

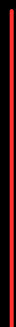
What time of day do you prefer to work out?

Are there any exercises or activities you enjoy or dislike?

Do you prefer working out alone, with a partner, or in a group?

Do you have access to any equipment or space for workouts? (e.g., yoga mat, resistance bands, park nearby)

Is there anything else you'd like us to know about you or your fitness journey?



Thank you!

Thank you for sharing your information! We'll review your answers and create a personalized plan that's perfect for you.

Let's get started on achieving your goals!

