



UNIQUE PHYSIQUE

PERSONAL TRAINING & NUTRITION CONSULTING

Client Questionnaire

Date: _____

First Name: _____ Initial: ____ Last Name: _____

Sex: ____ male ____ female Pregnant: ____ no ____ yes
Nursing: ____ no ____ yes

Height: ____ ft. ____ in/cm _____ Age: _____

Body Build: ____ small ____ medium ____ large

Place your thumb and middle finger around your wrist. Small = fingers overlap. Medium = fingers touch. Large = fingers don't touch.

Activity Level: ____ sedentary ____ moderately active ____ very active

Sedentary = word processor, computer programmer. Moderately active = waitress, waiter. Very active = construction worker.

Present Weight: ____ Desired Weight: ____ Desired Weight Loss or Gain per week: ____

Present % Body Fat: ____ Desired % Body Fat: ____

Guidelines for Women: "Athlete" = <17% "Lean" = 17% - 22% "Normal" = 22% - 25%

"Above average" = 25% - 29%

Guidelines for Men: "Athlete" = <10% "Lean" = 10% - 15% "Normal" = 15% - 18%

"Above average" = 18% - 20%

RMR (Resting Metabolic Rate): _____

Blood Pressure, Diastolic: _____ / Systolic _____

Resting Pulse: _____

Serum Cholesterol: _____

Fasting Glucose: _____

Weekly exercise regimen, if any (describe):

Foods you like (or wish to emphasize):

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<hr/>	<hr/>	<hr/>	<hr/>
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Foods you dislike (or need to avoid):

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Daily intake ratio desired of Protein, Carbs, and Fat (must add up to 100%): _____%
_____% _____%

Nutrients (if any) that you are attempting to control:

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Comments and concerns:
