



# ShapeTraining/Personal Training/RoadMap to Fitness Pre-Evaluation Form

*Please use reverse of page, if necessary, to answer more completely.*

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Take a look in the mirror; describe the body type you see, and what you want to see instead. Be honest!

\_\_\_\_\_

Regarding the upper body I want to: \_\_\_\_\_

Regarding the lower body I want to: \_\_\_\_\_

If weight is a problem, when and why did you start to gain the extra weight?

\_\_\_\_\_

Can this be resolved? \_\_\_\_\_ For women only: Menopause? \_\_\_\_\_ Perimenopause? \_\_\_\_\_

Partial or full hysterectomy? \_\_\_\_\_ Endometriosis or cysts? \_\_\_\_\_

Food "weaknesses" \_\_\_\_\_

Have you gained weight because you eat too much? \_\_\_\_\_ Explain: \_\_\_\_\_

Do you actually eat very little considering what you have gained? \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

What does a typical day of your eating look like?

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

Snacks \_\_\_\_\_ What do you drink during the day and how much of it? \_\_\_\_\_

What are your favorite kinds of exercise? \_\_\_\_\_

What do you do for exercise now? \_\_\_\_\_

Which days can you exercise? \_\_\_\_\_ What time of day? \_\_\_\_\_ How long each day? \_\_\_\_\_

Which 2 days do you want off? \_\_\_\_\_

## Expect Success!

There is no diet to go *on*. There will be no diet to go *off*.

Helping you to learn sound nutritional habits, discover your capacity for cardiovascular work, and engage in the most effective ways to exercise are what I do for you as a trainer.

Your commitment, and your belief that you can make a difference in your physical health and shape, is just as important.

Make this your most important project this year!

We will be working as a team. If you don't look good, I don't look good ☺ Rosemarie Ferrara [rmf44@msn.com](mailto:rmf44@msn.com)

*"It is never too late to be who you might have been." George Eliot*