**Five Starr Fitness Online Training Assessment**

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| **Personal Information** |
| Name:       | [ ]  Male [ ] Female | Age:       | Phone:       |
| Height:       | Weight:      lb | Occupation:       |
| Email address:       |
| Goal (check all that apply): [ ]  Fat Loss [ ]  Muscle Gain [ ]  Strength Gain [ ]  Competition PrepElaborate (if necessary):       |

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| **Habits and Lifestyle** |
| Times: Wake up at:       Go to bed at:       Work/school: From       to       |
| What time of day do you prefer to lift? (please be specific)       |
| Are there specific days during the week you cannot work out?       |
| Are you currently following a structured exercise program? [ ]  Yes, detail below or [ ]  No      |
| Do you have family and/or friends that will support you in your efforts? [ ]  Yes [ ]  No |
| Do you have family and/or friends that could make things difficult? [ ]  Yes, detail below [ ]  No      |

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| **Food and Nutrition** |
| How many meals do you currently eat per day?       | Vegetarian? [ ]  Yes [ ]  No |
| Rate your skill in the kitchen from 1 (bad) to 10 (excellent):       | Vegan? [ ]  Yes [ ]  No |
| Are you allergic to any foods?       |  |
| ***Please include a 3-day (minimum) food log that includes specific foods, portions, times, and fluids*** |

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| **Exercise and Equipment** |
| What is your max lift on these exercises? (Leave blank if unsure): Bench Press:      lbs for       repetitionsSquat:      lbs for       repetitionsDeadlift:      lbs for       repetitions | Where will you be performing resistance training (name of gym, etc)?      |
| Do you have access to outdoor trails/paths for biking, walking, or running? [ ]  Yes [ ]  No |
| Do you have easy access to a treadmill, elliptical machine, or similar? [ ]  Yes [ ]  No |
| How comfortable are you with gym equipment on a scale from 1 (not at all) to 10 (very):       |
| Rate your flexibility from 1-10 Upper body:       Lower body:       |
| What are your least flexible areas:       |

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| **Essay Questions** |
| Describe any physical limitations you have that may inhibit your work in the gym. This includes muscle pulls/tears, joint limitations or discomfort, range of motion imbalances, previous surgeries, etc. Be as detailed and thorough as possible!       |
| Elaborate on any time or schedule limitations or irregularities you have that may interfere with your ability to adhere to a structured exercise schedule:        |
| Please place a check next to every piece of equipment you have access to in the gym where you will be lifting most commonly. If unsure, leave an option blank. |
| [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | BarbellsSquat rackDB’s up to 50lbDB’s up to 100lbPlate-loaded leg pressHack squatT-Bar row | [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | KettlebellsTRXRowing MachineSmith MachineCable CrossoverLat pulldownSeated cable row | [ ] [ ] [ ]  | Assisted pullupLying leg curlVarious single exercise machineOther:      |
| Describe any previous gym experience you may have, including what kind of training yielded the best results for you, and any time spent working with a personal trainer in the past. Were these positive or negative experiences?      |
| Is there are a particular body part you need or want to focus on, or a particular feat (eg: handstand pushups) you’d like to be able to accomplish?      |
| Please detail any and all supplements and medications (prescription or otherwise) you are currently taking, indicating dosage (if known) and frequency. If you use whey protein, please specify the brand and product. Please be as explicit and detailed as possible.      |
| Please place an ‘X’ next to the foods in the columns below that you do not want to see in your meal plan. |
| **Protein** | **Carbohydrate** | **Fat** |
| Chicken      Turkey      Pork      Ground beef      Steak      White fish      Tuna      Salmon      Eggs      Egg whites      Milk      Cottage cheese      Greek yogurt      Whey protein      Vegetarian protein sources      Other (specify)       | Rice      Sweet potato      White potato      Oats      Quinoa      Beans      Fruit      Pasta      Bread      Rice cakes      Cereal      Other (specify)       | Olive oil      Coconut oil      Avocado      Walnuts      Cashews      Peanuts      Almonds      Peanut butter      Animal fats (beef, salmon)      Cheese      Egg yolks      Other (specify)       |

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| **Competition-specific questions (non-competitors: you’re done!)** |
| Have you competed before? [ ]  Yes [ ]  No |
| What shows, if any, have you attended previously?       |
| Do you know of any upcoming shows in your area?       |
| Do you have a target show in mind already?       |
| What division(s) are you interested in most?[ ]  Bikini [ ]  Figure [ ]  Fitness [ ]  Women’s Physique [ ]  Women’s Bodybuilding[ ]  Men’s Bodybuilding [ ]  Men’s Physique [ ]  Unsure/what?  |