**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 Prep  Elaborate (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       repetitions  Squat:      lbs for       repetitions  Deadlift:      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. | | | | | | | |
|  | Barbells  Squat rack  DB’s up to 50lb  DB’s up to 100lb  Plate-loaded leg press  Hack squat  T-Bar row |  | | Kettlebells  TRX  Rowing Machine  Smith Machine  Cable Crossover  Lat pulldown  Seated cable row |  | Assisted pullup  Lying leg curl  Various single exercise machine  Other: | |
| 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? |