

1. What is your name?
2. What is your age?
3. What are your long term goals?
4. What are your short term goals?
5. Which would you prefer:
 - a. Immediate progress that's less easily maintained
 - b. Slow progress that is sustainable
6. Please inform me of your typical day, from when you wake up until you go to bed. (Please include what time you wake and what time you go to bed.)
7. What is your profession/ daily obligations?
8. What is your activity level during the day? (select ONE from the following)
 - a. low (seated mostly at work)
 - b. moderate (light activity such as walking)
 - c. high (heavy labor, very active)
9. What is your current WORKOUT/ EXERCISE schedule:
Monday -
Tuesday -
Wednesday -
Thursday -
Friday -
Saturday -
Sunday -
10. What day(s) do you prefer to rest?
11. What time of the day do you workout?
12. Do you have any exercise commitments (i.e. yoga on Tuesdays, marathon training, etc)
13. If you are NOT currently exercising on a daily basis, when was the last time you did, and how long did it last?

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14. Please list any medical conditions or injuries I need to be aware of:
15. Please list any medications you are taking:
16. Are you a cigarette smoker? (yes/ no)
17. Have you been approved by a physician to begin a regular exercise program? (yes/ no)
18. Where will you be working out: gym/ home? (If at home list briefly what equipment you have.)
19. What is your current weight?
20. Use the calculator here to determine & list below...
<https://kyrawilliamsfitness.com/how-many-calories-do-i-burn-in-a-day/>
- BMR (Base Metabolic Rate) -
- TDEE (Total Daily Energy Expenditure) -
21. Please list and food allergies or intolerances.
22. Do you have any other dietary needs that need to be honored? (vegan, hate fish, don't like cottage cheese, paleo, etc.)
23. Do you have the ability to snack/ eat anytime throughout the day?
24. What are some of your favorite foods?
25. When do you feel hungriest in your day?
26. Do you have cravings? If so, when and what?

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27. Send me a sample food journal of how you typically eat. Please list approximate times and quantities (please be honest here, I may use some of these foods in your food program; please indicate alcohol and water as well)

28. What is your relationship with food like? Do you think about it non-stop and always want it? Do you just eat because it's part of life? Are you scared of food because it may make you fat? Etc

29. If you have tracked your food, what is your typical number of calories you eat in a day? Also, how many grams of protein, carbs and fat?

30. When do you have the most energy?

31. If you are currently taking any supplements please list them and when you take them:

32. On a scale of 1-10, how supported and/ or connected to do you feel to others, primarily those you spend a lot of time/ energy with? (1 being very disconnected and unsupported, 10 being very connected and supported.)

33. On a scale of 1-10, do you feel your environment supports your health and well being? (1 is not supported at all, 10 is very supported.)

34. On a scale of 1-10, how much purpose do you feel in life? (1 is none at all, 10 is a great deal.)

35. On a scale of 1-10, how is your emotional health? (1 is you struggle with handling your emotions and expressing them, 10 you handle and express them appropriately almost all the time.)

36. On a scale of 1-10, how is your cognitive health? (1 you are struggling, 10 you feel alert, focused and problem solve well.)

37. On a scale of 1-10, how do you feel physically? (1 you are tired, run down, sick, 10 you feel tons of energy, you perform well and thrive.)

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38. How often do you travel? (select ONE from the following)

- a. rarely
- b. a few times a year
- c. a few times a month
- d. weekly

39. When you feel rundown/ tired which would you consider to be the source of these feelings? (select ONE from the following)

- a. age
- b. lifestyle/nutrition choices
- c. other, specify _____

40. If your fitness has deteriorated over the years, how do you explain the fact that you are in worse shape than when you were younger, but haven't changed your habits at all? (select ONE from the following)

- a. family history
- b. being less active
- c. natural consequence of aging
- d. unsure

41. Are you willing to speak with your friends, family, co-workers, kids, etc about your goals and new healthy behaviors? (yes/ no)

42. Are you ready to spend less time with people who offer little support or positive reinforcement and dedicating yourself to spending more time with people who do offer support? (yes/ no)

43. Are you ready and willing to set and UPHOLD boundaries around your own needs, even with your close loved ones? (Yes/ no)

44. How do you intend to communicate these boundaries?

45. How do you intend to uphold them?

46. Can you accept responsibility for the way your body and fitness level is today and understand that, while your old habits don't make you a had person, they still need to be changed? (yes/ no)

According to Nichole LePera in Do The Work...

"A belief is a practiced thought grounded in lived experience. Beliefs are built up over years of thought patterns and require both interior and exterior validation to thrive.

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Beliefs about ourselves (our personality, our weaknesses, our past, our future) are filters that are placed over the lens of how we view our world. The more we practice certain thoughts, the more our brain wires itself to default to these new patterns. This is especially true if the thoughts activate our stress response and vagus nerve. This creates an internal turmoil that can easily become compulsive over time, which is the definition of the conditioned trauma reaction we know as emotional addiction. The habit of thinking a particular thought over and over again changes our brain, our nervous system, and the cellular chemistry of our entire body, making it easier to default to such thought patterns in the future. In other words: the more we think something, the more we are likely to believe it. Our practiced thoughts become our truth.”

47. What are your core beliefs about yourself?

48. What do you value in life? (Examples include having fun, happiness, health, adventure, work success, aging gracefully, etc)

49. What is a “safe word” or phrase we can use to bring you back to your health and fitness priorities/ intentions when things become challenging?

50. What are 1-3 of your biggest struggles when it comes to prioritizing your self, your health and fitness?

51. What do you foresee your life being like in 5 years from now if you continue to allow these struggles to continue?

52. Have you read the Kyra Williams Fitness training manual? (yes/ no)

53. Why did you sign up for online personal training?

54. Which of the four tendencies best describes you? _____
(Get this here - <https://quiz.gretchenrubin.com/>)

55. On a scale of 1-5, how READY are you to change your habits and behaviors? (1 = not happening; 5 = could have started yesterday.)

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56. On a scale of 1-5, how WILLING are you to change your habits and behaviors? (1 = not happening; 5 = tell me what to do right now and I'll do it.)

57. On a scale of 1-5, how ABLE are you to change your habits and behaviors? (1 = now isn't a good time; 5 = LFG!)

58. What do you want/ expect from me as your coach?

59. How did you hear about me?

Please print, fill out and scan or photograph it and email it back to me, or edit and fill out the PDF. Send it back in the same email with full body front/ back/ side photos in a bikini or sports bra and shorts.