



VitalityFitness

training that moves you

Vitality Fitness
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www.vitalityfitness-training.com

Goal Assessment Form

Date: _____

Client Name: _____

I do understand that some questions will be uncomfortable to answer. However, they will assist me tremendously as I work with you to achieve your goals and expectations. Please be advised that all information is kept strictly confidential.

Goals by Importance

Please number by order of importance, #1 being the most important

- | | |
|---------------------------|--------------------------------------|
| ____ Muscular Endurance | ____ Increase Cardiovascular Fitness |
| ____ Reduce Weight & Tone | ____ Muscular Strength |
| ____ Increase Flexibility | ____ Improve Posture |
| ____ Increase Energy | ____ Relieve Stress |
| ____ Other | ____ Improve overall Well Being |

Please list the three most important goals you picked above. Then, list an action you can do that will bring you closer toward that goal (i.e.. work out 4 days per week, stop buying tempting food, etc). When finished, list one or two indicators of success next to A & B. (i.e. my clothing went down one size, I have more energy at work). Finally, indicate the time frame in which you would like to achieve your goals. Remember to be specific.

Goal	Time Frame			
	6 weeks	3 Months	6 Months	1 year
1. _____				
Action _____				
A. _____				
B. _____				



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2. _____

Action _____

A. _____

B. _____

3. _____

Action _____

A. _____

B. _____

Have you ever worked with a physical trainer? If so please provide a few sentences of your experience.

Please list your top two or three habits that give you the most concern.

1. _____

2. _____

3. _____

Please list two or three things you would like to change about yourself.

1. _____

2. _____

3. _____

Please list two or three things you excites you about entering an exercise program?

1. _____

2. _____

3. _____



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Please list three obstacles you think will keep you from succeeding in your exercise program.

(i.e., job, family responsibilities, not getting the results I want fast enough, etc...

1. _____
2. _____
3. _____

How have you dealt with obstacles and/or setbacks in the past? (check one)

- Persevered
 Gave up
 Sought help
 Expanded resources
 Moved onto another trainer, therapist, doctor, etc.
 Other, not mentioned

What have you succeeded doing in the past? In other words, what have you done in your life that brings you a sense of joy and accomplishment?

1. _____
2. _____
3. _____

Please list any expectations you have from your trainer. (Reviewed with your trainer when finished)

1. _____
2. _____
3. _____

Please list any questions or concerns you have in regards to your exercise program and the process of getting into shape. (Reviewed with your trainer when finished)

1. _____
2. _____
3. _____

Please give me one word that you can identify with while filling out this questionnaire?

(i.e., insightful, too long, impatient, excited, interesting, boring, etc...
