



*We Help Build Better People.*

## Comprehensive Participant Information Sheet

### PERSONAL

NAME: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (H) (\_\_\_\_) \_\_\_\_\_ (Work or Mobile) (\_\_\_\_) \_\_\_\_\_

(Email) \_\_\_\_\_

SEX: M / F      DOB: \_\_\_\_\_      AGE: \_\_\_\_\_

### INSTRUCTIONS

This is your comprehensive participant information sheet, in which you are asked to provide some relevant personal information. The answers to these questions are essential in order to allow us to design an optimized individual fitness program for you. Please answer all questions in the most accurate manner possible while being as concise as possible.

### DISCLAIMER

Please recognize the fact that it is your responsibility to work directly with your physician before, during, and after seeking fitness consultation. As such, any information provided is not to be followed without the prior approval of your physician. If you choose to use this information without the prior consent of your physician, you are agreeing to accept full responsibility for your decision.

### PART 1: BASIC INFORMATION

Height \_\_\_\_\_ Weight (as of this morning) \_\_\_\_\_

### PART 2: GOALS

Given the following goals, please rank them in order of importance, with 1 being **most important** and 8 being **least important**.

Improved health \_\_\_\_\_ Improved endurance \_\_\_\_\_ Increased strength \_\_\_\_\_ Sport-specific\* \_\_\_\_\_

Increased muscle mass \_\_\_\_\_ Fat loss \_\_\_\_\_ Increased power \_\_\_\_\_ Weight gain \_\_\_\_\_

\*Please provide the sport or athletic event for which you are training:

\_\_\_\_\_

Do you have a specific timeline for achieving a specific goal? If so, please specify:

\_\_\_\_\_

\_\_\_\_\_

Circle which type of progress is more important to you:

Immediate progress that's less easily maintained

Maintainable progress that may not be as rapid

Please explain below:

\_\_\_\_\_

\_\_\_\_\_

**PART 3: EXERCISE INFORMATION**

Rate your ability in the following exercises (check the box that corresponds with your ability):

**EXERCISES:**

EXERCISES:	ADVANCED	INTERMEDIATE	NOVICE	UNFAMILIAR
Bodyweight Squats				
Standing up from floor				
Regular Push-up				
Overhead Press				
Pull-up				
<b>Olympic movements</b>				
Snatch				
Clean				

Are you currently exercising regularly (at least 3x per week)? Circle one: Yes No

 If you answered **YES**, continue on to the following section.

 If you answered **NO**, skip ahead to the section marked "**Not currently exercising**".

*Complete this section if you ARE currently exercising regularly*

How long have you been consistently exercising without a break?

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 On the following chart, fill in which type of exercise you normally perform each day: resistance training (RT); interval cardio bouts (INT); low-intensity cardio bouts (LIC); sport-specific work (SSW).

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Type of Exercise							

On the following chart, fill in your approximate workout duration for each day (in minutes).

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Duration							

**Please submit your current exercise regimen along with this form (type it up or write it out for us).**

*Complete this section if you ARE NOT currently exercising regularly*

**If you are not currently exercising regularly, have you ever been on a consistent exercise plan (at least 3x per week)?**

Circle one: Yes No

**If you have exercised on a consistent basis previously, how long ago was this and how long did it last?**


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**PART 4: MEDICAL AND HEALTH INFORMATION**


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If you have any diagnosed health problems, list the condition(s). \_\_\_\_\_

If you are on any medications, please list them. \_\_\_\_\_





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Exactly how much money do you spend on groceries per month (provide amounts from your last two grocery bills)? \_\_\_\_\_

How many times per week do you shop for groceries? \_\_\_\_\_

How many meals do you eat in restaurants and/or fast food places per week? \_\_\_\_\_

Exactly how much money do you spend on supplements per month? \_\_\_\_\_

If you have any known food allergies, please list them below.

Are there any other foods to which you're particularly sensitive (i.e., which cause excessive gas, bloating, stuffiness, or congestion)?

If you're currently using any nutritional supplements, please list them (as well as the doses you're taking) below.

*Please provide a three-day dietary record (attached). Be sure that these records are representative of the last few months of your dietary intake. In other words, if you just decided to get in shape two weeks ago and changed your diet dramatically, you should provide an indication of how you had been eating habitually prior to the recent change.*

How long have you been eating in the manner recorded on your dietary record? (If your answer is less than one month, please fill out your record according to your prior intake before this recent month.)

**MISCELLANEOUS INFORMATION**

If there is any other information you think might be relevant to your program design, please share it with us below.

Please share your most frequent health, nutrition, or physique complaints and/or dissatisfactions.

You have now completed our participant information sheet. Please bring this, along with your current workout schedule (if applicable) and three-day diet record, to your next scheduled practice.