Form 3

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Personal Wellness Goals Form

This questionnaire is designed to help identify specific wellness goals that can help pinpoint the most effective and efficient program for you.

AREAS I WANT TO IMPROVE:

( ) Aerobic endurance
( ) Muscular endurance
( ) Flexibility
( ) Reflexes
( ) Speed
( ) Power
( ) Improve balance & coordination
( ) Improve eating habits
( ) Body weight: Loss_____ Gain____
( ) Other (specify):_____
_____

( ) Specific sport ability/job ability_____
( ) Injury rehabilitation
( ) Back problem
( ) Physique
( ) Sleep better more___ less___
( ) Improve self esteem
( ) Improve posture
( ) Reduce blood pressure
( ) Lower % body fat

Improving my fitness and wellness levels is extremely important to me because:

_____
_____

Have you participated in a fitness/wellness program before? If yes, please describe:

_____
_____

I was most successful in my fitness or weight loss programs when...

_____
_____

I am committing myself to my fitness/wellness program because otherwise I would have to live with the following unbearable consequences (ex. low self-esteem, limited success, dependency upon others, etc.)

_____
_____
_____

_____
Participant date

Reviewed by: