ASSESSMENT QUESTIONNAIRE

Personal Data

|  |  |
| --- | --- |
| Last name: |  |
| First name: |  |
| Address: |  |
| Date of birth: |  |
| Age: |  |
| Family status/children |  |
| Gender |  |

Contact Details

|  |  |
| --- | --- |
| Email: |  |
| Phone: |  |

Body Composition

|  |  |
| --- | --- |
| Height (in cm): |  |
| Weight (in kg):  |  |
| Waist circumference in cm (narrowest part of belly, empty lungs): |  |
| Hip circumference in cm (widest part of hips): |  |
| Neck circumference in cm (relaxed neck, slightly bent forward): |  |
| Thigh in cm (widest part of thigh): |  |

General Activities

|  |  |
| --- | --- |
| Job: |  |
| Leisure activities: |  |

Health

Do you have any intolerances or allergies?

|  |
| --- |
| Yes |[ ]
| No |[ ]
| If so, which? |  |

Do you have diseases of the cardiovascular system? (Cardiovascular issues, stroke, heart attack, high blood pressure, heart issues, tightness in the chest, heart rhythm disorders, or similar)

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| --- |
| Yes |[ ]
| No |[ ]
| If so, which? |  |

Do you have orthopedic disorders? (Osteoporosis, arthrosis, broken bones, operations, herniated discs, knee injuries or similar restrictions in the musculoskeletal system, or similar)

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| --- |
| Yes |[ ]
| No |[ ]
| If so, which? |  |

Are there any outer body areas that you find particularly tense, cramped, restrictive or inelastic?

|  |
| --- |
| Yes |[ ]
| No |[ ]
| If so, which? |  |

Do you have back pain?

|  |
| --- |
| Yes |[ ]
| No |[ ]
| If so, where exactly? |  |

Do you take any medications?

|  |
| --- |
| Yes |[ ]
| No |[ ]
| If so, which? |  |

Are there any known illnesses in your family? (diabetes, high blood pressure, Alzheimer's,

heart attack, or similar):

|  |
| --- |
| Yes |[ ]
| No |[ ]
| If so, which? |  |

Do you have any health restrictions which are not mentioned above?

|  |
| --- |
| Yes |[ ]
| No |[ ]
| If so, where exactly? |  |

Eating Behavior

Which food/flavor do you dislike?

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| --- |
|  |

Which food do you not want to miss?

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| --- |
|  |

Which food/flavor do you particularly like?

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| --- |
|  |

At what times of the day are you hungry the most and the least?

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| --- |
|  |

Do you suffer from food cravings? If yes, at what time of the day? How often do they occur? Are there specific events before or after?

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How much time do you take on average for eating? (for which meal and on which days of the week?)

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| --- |
|  |

Do you eat alone, with family/friends/colleagues?

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| --- |
|  |

Do you take any nutritional supplements?

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| --- |
| Yes |[ ]
| No |[ ]
| If so, which? |  |

Do you drink alcohol?

|  |
| --- |
| Yes |[ ]
| No |[ ]
| If so, how often and how much? |  |

Which nutritional forms/diets have you tried in the past and with what success? What did you like and what not?

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| --- |
|  |

Please give a rough indication of what you usually eat and drink (with quantities, if possible)

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| --- | --- |
| Breakfast: |  |
| Lunch: |  |
| Snacks: |  |
| Dinner: |  |
| Beverages: |  |

Nutrition

Why did you decide to get nutrition counselling, or what do you expect from nutrition counselling?

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| --- |
|  |

What exactly are your goals?

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| --- |
|  |

Until when do you want to achieve this goal?

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| --- |
|  |

What is your motivation to continue with a reasonable nutrition even in difficult times and not give up?

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| --- |
|  |
| Your desired weight |  |

Training

Why did you decide to get personal training, or what do you expect from personal training?

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|  |

What exactly are your goals?

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| --- |
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Until when do you want to achieve this goal?

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| --- |
|  |

Please state your hobbies and passions:

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| --- |
|  |

Are you currently following a fitness program?

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| --- |
| Yes |[ ]
| No |[ ]
| If so, what and how often? |  |

Which fitness program have you tried in the past and with what success? What did you like and what not?

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| --- |
|  |

How many times a week do you want to take time for training? How long per training session?

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| --- |
|  |

What kind of equipment do you have at home? (cubes, kettle bells, dumbbells, bands, balls, medicine balls, or similar) How heavy are the weights if applicable?

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| --- |
|  |

Motivation

Is there someone who can support you with the goals mentioned above?

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| --- |
|  |

What do I have to offer you to make you feel comfortable?

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Have you now reached the point where you really want to change something?

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| --- |
|  |

I am aware that incorrect answers / withholding of point can lead to incorrect advice and can have under certain circumstances serious effects on my future health.

I assure that I have answered all questions truthfully and that I will inform you immediately if anything should change in the future.

With sending this document I agree that Svenja Simon processes my personal data, in particular:

* Master data (first name, last name, address, email address, telephone numbers, date of birth),
* my requested services and my personal preferences,
* special categories of data such as training and medical data (anamnesis, trainings performance, vitals, performance statistics)

for the following purposes within the premise:

* Consulting of interested services, issuing and administration of vouchers including customer systems, invoicing and checking thereof
* Sale of and invoicing for services pertaining to the services, accounting, correspondence with customers and external trainers, employees, and other business partners.
* Operation of the service including making appointments, group trainings, booking of additional services, consulting of customers

I want all services to be executed as effectively and efficiently as possible, and that my individual goals continue to be considered moving forward. So that I may receive optimum customer service, I consent that

* all my data, as specified in this document, may be kept on file beyond the duration of my business relationship with Svenja Simon and
* at most 1 year after the longest statutory requirement to preserve records,

so that this data may be used to create customer relations, as specified by myself.

I was advised that I am entitled to partially rescind or entirely revoke this declaration of consent at any time.

I acknowledge that the data protection policies of Svenja Simon are published on the website www.svenjathetrainer.com and hereby acknowledge that I have read, understood, and agree with them.