

Client Goal Questionnaire

1. List 3 short-term goals (3-6 months) related with life and health in the order of their importance for you? - next to each goal, write 3 attributes, or 3 feelings you would feel when you reach each of those goals.
2. List 3 long-term life and health goals (longer than 6 months) in the order of their importance to you. - next to each goal, write 3 attributes, or 3 feelings you would feel when you reach each of those goals.
3. What motivates you?
4. What things are most important to you and how would a healthy lifestyle complement or support these things? List 3.
5. What type of exercise programs have you tried in the past? (if any)
6. What did you like most and what did you like least about the programs you tried. Please list them all with 2 likes and 2 dislikes for each program.
7. What type of exercise and activity do you enjoy now?
8. What is your all times favorite exercise or activity?
9. When was the last time you exercised regularly, at least 3 times per week, and how long did it last? Why did you stop?
10. What type of diets, if any, have you tried?



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11. What did you like most and what did you like least about each of the diets? List 2 likes and 2 dislikes for each diet you tried.
12. When was the last time you kept a diet? How long did it last? How did you feel in that time? Why did you stop?
13. How much time per day and also per week (identify both) do you have to commit to exercise and meal preparation?
14. What could stand in the way of your exercise and health journey?
15. What kind of support do you have around you in order to help you change your lifestyle? (family, friends, etc.) List them.
16. Please list 3 of your strengths.
17. Please list 3 weaknesses.
18. Please list 3 skills you are using on daily basis and you are really good at.



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