



UPPER LEVEL FITNESS

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Personal Wellness Goals Form

NAME _____ AGE _____ DOB _____ GENDER: M F

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME TELEPHONE _____ WORK TELEPHONE _____ MOBILE TELEPHONE _____

EMERGENCY CONTACT NAME _____ CONTACT TELEPHONE _____

This questionnaire is designed to help identify specific wellness goals that can help pinpoint the most effective and efficient program for you. Please check the areas below that you want to improve upon.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> AEROBIC ENDURANCE | <input type="checkbox"/> MUSCULAR ENDURANCE | <input type="checkbox"/> FLEXIBILITY | <input type="checkbox"/> REFLEXES |
| <input type="checkbox"/> SPEED | <input type="checkbox"/> POWER | <input type="checkbox"/> IMPROVE EATING HABITS | <input type="checkbox"/> WEIGHT GAIN |
| <input type="checkbox"/> WEIGHT LOSS | <input type="checkbox"/> INJURY REHABILITATION | <input type="checkbox"/> BACK PROBLEMS | <input type="checkbox"/> PHYSIQUE |
| <input type="checkbox"/> SLEEP BETTER | <input type="checkbox"/> SELF-ESTEEM | <input type="checkbox"/> IMPROVE POSTURE | <input type="checkbox"/> REDUCE BLOOD PRESSURE |
| <input type="checkbox"/> LOWER % BODY FAT | <input type="checkbox"/> IMPROVE BALANCE & COORDINATION | <input type="checkbox"/> SPECIFIC SPORTS/JOB ABILITY | |
| <input type="checkbox"/> OTHER (SPECIFY) _____ | | | |

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/wellness 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.) _____

SIGNATURE _____ DATE _____ KWASI BOAITEY, PERSONAL TRAINER