



## Positively Fit Health and Fitness Survey

Name \_\_\_\_\_ Company \_\_\_\_\_

Cell Number \_\_\_\_\_ / Home Number \_\_\_\_\_ / Work Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

What time of day is best for you to exercise? \_\_\_\_\_

Are you exercising now? \_\_\_\_ Are you currently a member of a fitness center? \_\_\_\_\_

What are your fitness goals? \_\_\_\_\_

How long have you been thinking about getting in better shape? \_\_\_\_\_

List any present or past medical conditions. \_\_\_\_\_  
\_\_\_\_\_

Why is it important for you to exercise? \_\_\_\_\_

List the best days and times of the week for you to exercise. \_\_\_\_\_

How successful have you been with previous fitness programs or diets?

\_\_\_\_ Not at all \_\_\_\_ Some successful \_\_\_\_ Very successful

Check off all services that you may be interested in getting more information:

\_\_\_\_ 12 Week Transformation Challenge \_\_\_\_ One-on-one personal training

\_\_\_\_ Nutrition consultation\* \_\_\_\_ Group fitness classes\*

\_\_\_\_ Personal training boot camp class\* \_\_\_\_ Massage

What motivates you?

\_\_\_\_ Competition \_\_\_\_ Personal Achievement \_\_\_\_ Monetary Prize \_\_\_\_ Other \_\_\_\_\_

\* Location preference: Where would you be most comfortable exercising?

On-site (your location) \_\_\_\_\_

At Positively Fit Gym \_\_\_\_\_

**What monetary value would you place on a fitness program that includes weight-loss strategies, nutritional guidance, and exercise that is fun?**

Monthly \$ \_\_\_\_\_ (preferred) - \$ \_\_\_\_\_ (maximum)

**(904) 306-0344**  
**[www.positivelyfitfl.com](http://www.positivelyfitfl.com)**