

Intake Questionnaire

Health

Do you smoke? Y N How much weekly? _____

Do you drink alcohol? Y N How much weekly? _____

Do you take medication? Y N For what condition?

Are you exercising now? Y N How often per week? _____

What are you doing for exercise now (circle all):

cardio machines free weights circuit video boot camp nothing other:

Do you have body pain/injuries/surgeries relating to (circle all, designate Left or Right side):

back knees (L / R) shoulders (L / R) hips (L / R) wrists (L / R) ankles (L / R) elbows (L / R)

Mark the pain sites above with: "P" for Painful but no injury; "I" for injury but no surgery; "S" for surgery

Do you have any of the following (circle all):

high blood pressure asthma diabetes heart condition depression anxiety PCOS

Do you have any other health conditions or concerns not mentioned? Y N

List :

Current Nutrition

Do you think you eat healthy now? Y N How often do you NOT eat healthy: _____

What do you eat regularly (circle all):

dairy beans rice corn potatoes wheat bread pasta frozen dinners soy eat out
candy/desserts/sweets snack foods chicken beef eggs pork veggies (not corn/potato)
fruit nuts/seeds olive/coconut oils

Are you looking to lose weight, tone up, get ripped, or build muscle? Y N

Are you willing to change your diet if needed, to attain your goals? Y N

Are you willing to change your diet if needed, to perform better? Y N

What do you eat in a typical day:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Do you supplement?

What supplement products do you use? _____

How much water do you drink per day (cups or oz)? _____

What is your caffeine usage (circle all): coffee tea energy drink energy pills other: _____

How much caffeine per day (cups)? _____

Fitness Experience

What is your experience (circle all, designate how many years):

gymnastics barbell weightlifting bootcamp/bodyweight circuit/machines HS/College sports
Olympic lifting running competition/meets races martial arts dance cheer yoga
aerobics/step class spin/cycling swimming other: _____ other: _____

Your Goals

What are your goals? (circle all):

lose weight more muscle better performance more energy get fit look good get stronger
learn new stuff have fun meet like-minded people see results better flexibility

Or EXPLAIN your goals here:

What It Takes To Be Successful and Enjoy Infinite Fitness CrossFit

- Are you willing to take constructive criticism? Y N
- Are you willing to buy proper shoes to workout in? Y N
- Are you willing to change your diet if you need to lose weight? Y N NA
- Are you willing to do things that you are uncomfortable with (ie learning handstands)? Y N
- Are you willing to slow down to learn better technique & proficiency? Y N
- Are you prepared to listen, pay attention, & ask questions if needed? Y N
- Are you willing to bring your best to the table every day at the gym? Y N
- Are you willing to learn & do mobility if you have limitations, joint soreness, or inflexibility? Y N NA
- Are you willing to diligently do the required beginner warm-up every time you come in? Y N
- Are you willing to leave any ego & negativity at the door? Y N

If you have any questions you don't want to forget, write them here: _____

Congratulations on taking the 1st step by filling out this Intake Questionnaire. We look forward to meeting you in person. This will be one of the BEST decisions you will ever make. See you soon!!