

STYLE FOR LIFE, INC.

Personal Health Fitness Assessment

Name _____ Date _____

Address: _____ City _____ State _____ Zip _____

Phone (home): _____ (work) _____ (cell) _____

Email: _____

Male Female DOB ____/____/____ Height _____ Weight _____

Are you currently *using* a gym membership? Yes No

Fitness level New to Fitness Beginner Intermediate Advanced Elite Athlete

	Hours/week	1	2	3	4	5	6	7
Weight training		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardio workout		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pilates		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exercise Evaluation: On a scale of 1 – 5

- 1 – Extremely comfortable/knowledgeable/high
- 2 – Somewhat comfortable/knowledgeable/high
- 3 – Neutral
- 4 – Somewhat uncomfortable/unknowledgeable/low
- 5 – Extremely uncomfortable/unknowledgeable/low

How comfortable are you with exercising 1 2 3 4 5

Knowledge of what exercises to do 1 2 3 4 5

Level of motivation..... 1 2 3 4 5

Have you ever used whole body vibration fitness equipment?..... Yes No

Do you have major physical injuries, limitations or recent surgeries?..... Yes No

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Fitness Goals

You've committed to learning how to use the Style For Life Vibration System to improve your quality of life. Which of the following would you like to have coaching in, or would be of value to you? Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Accountability partner | <input type="checkbox"/> Abdominal/core strength |
| <input type="checkbox"/> Setting goals | <input type="checkbox"/> Heart rate and fat burn |
| <input type="checkbox"/> Cardio exercises | <input type="checkbox"/> Tips on body measuring |
| <input type="checkbox"/> Weight bearing/strength training | <input type="checkbox"/> Stress reduction |
| <input type="checkbox"/> Balance and stability | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Breath work and building lung capacity | |

Food/Nutrition

- Attached is your three-day food and beverage journal.
- It is important that you log all food and all beverages consumed.
- Estimate amounts of food for the log.
- Be as specific as possible with duration of sleep and stress levels.
- We are requesting prescription information

- Do you drink half your body weight in ounces of pure water every day?..... Yes No
- Do you overeat when stressed? Yes No
- Do you have a loss of appetite when stressed? Yes No
- Are you currently taking nutritional supplements? Yes No
- Are you satisfied with your nutritional supplements? Yes No
- Do you smoke Yes No
- Do you wake up and feel rested? Yes No
- Rate your overall stress level Low Medium High
- How many prescription medications do you currently take?..... 1 – 4 5 – 8 9+

Nutrition Goals

Completion of your Three-day Food and Beverage Journal, and your Style For Life vibration sessions will help obtain positive choices and healthy results. Check any of the following to add to your wellness goals.

- Information on relaxation techniques
- Information on nutritional supplementation
- Sources for meal planning/recipes

**Let your courage coach your ambition and
your habit of persistence will always lead to victory!**

