

New Member Questionnaire

First Name:

Last Name:

Phone:

E-mail:

Address:

Getting to Know You

Where are you from? Where do you currently live?

What kind of support will you have on your fitness journey?

Do you have kids/grandkids?

Do you have any pets?

Fitness

What have you done in the past that hasn't worked?

How many days per week would you realistically like to workout?

How motivated are you to start a training program?

BEYOND MEASURE TRAINING & FITNESS

Goals

What kind of goals do you have for fitness/nutrition?

Why are these goals important to you?

Will achieving your goals impact your personal life?

Will achieving your goals impact your work/professional life?

Your Plan (your coach fills this portion out)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday