

Fitness Survey



Name _____

Number _____

Email Address _____

Do you Work or Live in the area? _____

Are you currently Exercising? _____

If yes where? _____

On a scale of 1 to 10 how important is your Health to you?

1	2	3	4	5	6	7	8	9	10
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On a scale of 1 to 10 how fit do you class yourself?

1	2	3	4	5	6	7	8	9	10
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Do you have any current FITNESS or HEALTH Goals?

If yes what has stopped you from achieving this?

Would you like to try a FREE Workout Session this week?

YES	NO
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Morning	Afternoon	Evening
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