International Sports Sciences Association
1015 Mark Avenue • Carpinteria, CA 93013
1.800.892.4772 (toll-free) • 1.805.745.8111 (international)
www.ISSAonline.edu

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Comprehensive Client Information Sheet

Name	Date

Instructions

This is your comprehensive client information sheet. With this sheet, we will ask you to provide some relevant personal information. The answers to these questions are essential in order to allow us to design an optimized individual fitness program for you. **Please answer all questions** in the most accurate manner possible while being as concise as possible.

Disclaimer

Please recognize the fact that it is **your responsibility** to work directly with your physician before, during, and after seeking fitness consultation. As such, any information provided is not to be followed without the prior approval of your physician. If you choose to use this information without the prior consent of your physician, you are agreeing to accept full responsibility for your decision.

Basic Information

1) What is your gender?	2) What is your age?	3) What is your date of birth (month/day/year)?

4) What is your height?	5) What is your weight (measured as of this morning)?

6) What is your body fat percentage (have this taken *before* submitting this sheet)?

7) Please provide the following skinfold measures (mm).				8) Please provide the following girth measurements (in or cm).			
Abs		Subscapular		Neck		Chest	
Triceps		Suprailiac		Shoulder		Biceps	
Chest		Thigh		Waist		Hips	
Mid-axillary				Thigh		Calf	

9) What are your specific goals (rank these goals according to importance with 1 being the most important and 8 being the least)?

Improved health	Improved endurance	Increased muscle mass	Fat loss
Increased strength	Sport specific*	Increased power	Weight gain

*Please provide the sport or athletic event you are training for:

10) Is there a specific timeline for achieving a specific goal?

11) Circle which of the two are of greater importance:

a. Immediate progress that's less easily maintained b. Maintainable progress that may not be as rapid

Please explain:

Exercise Information

12) Rate your ability in the following exercises (check the box that corresponds with your ability):

Exercises:	Advanced	Intermediate	Novice	Unfamiliar
Compound movements				
Barbell squats				
Barbell deadlift				
Barbell bench press				
Bent-over barbell row				
Barbell Shoulder Press				
Pull-up				
Barbell hack squat				
Olympic movements				
Snatch				
Clean				

13) Are you currently exercising regularly (at least 3x per week)? circle one

YES If you answered YES, continue on to question 14.
NO If you answer NO, continue on to question 18.

14) How long have you been consistently doing so without a break?

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15) On the following chart, fill in which type of exercise you normally perform each day: resistance training (RT); interval cardio bouts (ICB); low-intensity cardio bouts (LICB); sport-specific work (SSW)

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Type of Exercise							

16) On the following chart, fill in your approximate workout duration for each day (in minutes).

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Duration							

17) Please submit your current exercise regimen along with this form (type it up or write it out for us). Please skip to question 19.

18) If you are not currently exercising regularly, have you ever been on a consistent exercise plan (at least 3x per week)? circle one

YES If you answered YES, how long ago was it, and how long did it last? _____
NO

Lifestyle Information

19) What do you do for a living?

20) What is the activity level at your job? None Moderate High

21) Does your job entail shift work? Y N

22) If you follow a more regular schedule, when do you work? Days Afternoons Nights

23) How often do you travel? Rarely Few times per year Few times per month Weekly

24) Please list the physical activities that you participate in outside of the gym and outside of work.

25) If you have any diagnosed health problems, list the condition(s).

26) If you are on any medications, please list them.

27) What additional therapies or interventions are being undertaken for the given health problem(s)?

28) If you have any injuries, please list them.

29) What additional therapies or interventions are being undertaken for the given injury(s)?

30) Please fill out the following timetable with your most normal daily schedule listing the time you wake up, work and have breaks, work out, and go to sleep.

A.M.				P.M.			
12:00 – 12:30		6:00 – 6:30		12:00 – 12:30		6:00 – 6:30	
12:30 – 1:00		6:30 – 7:00		12:30 – 1:00		6:30 – 7:00	
1:00 – 1:30		7:00 – 7:30		1:00 – 1:30		7:00 – 7:30	
1:30 – 2:00		7:30 – 8:30		1:30 – 2:00		7:30 – 8:30	
2:00 – 2:30		8:00 – 8:30		2:00 – 2:30		8:00 – 8:30	
2:30 – 3:00		8:30 – 9:00		2:30 – 3:00		8:30 – 9:00	
3:00 – 3:30		9:00 – 9:30		3:00 – 3:30		9:00 – 9:30	
3:30 – 4:00		9:30 – 10:00		3:30 – 4:00		9:30 – 10:00	
4:00 – 4:30		10:00 – 10:30		4:00 – 4:30		10:00 – 10:30	
4:30 – 5:00		10:30 – 11:00		4:30 – 5:00		10:30 – 11:00	
5:00 – 5:30		11:00 – 11:30		5:00 – 5:30		11:00 – 11:30	
5:30 – 6:00		11:30 – 12:00		5:30 – 6:00		11:30 – 12:00	

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Lifestyle Information (continued)

31) Exactly how much money do you spend on groceries per month (provide amounts from your last two grocery bills)?

32) How often do you grocery shop (number per week)?

33) How many meals do you eat in restaurants or fast food places per week?

34) Exactly how much money do you spend on supplements per month?

35) If you have any know food allergies, please list them below.

36) Are there any other foods to which you're particularly sensitive (i.e., which cause excessive gas, bloating, stuffiness, or congestion)?

37) If you're currently using any nutritional supplements, please list them (as well as the doses you're taking) below.

38) Please provide a Three-Day Dietary Record (attached). Be sure that these records are representative of the last few months of your dietary intake. In other words, if you just decided to get in shape two weeks ago and changed your diet dramatically, you should give us an indication of how you had been eating habitually prior to the recent change.

39) How long have you been eating in the manner recorded on your dietary record?
(If your answer is less than one month, please fill out your record according to your prior intake before this recent month.)

Miscellaneous Information

40) If there is any other information you think relevant to your program design, please share it with us below.

41) Please share your most frequent health, nutrition, or physique complaints and/or dissatisfaction with us.

You have now completed our client information sheet. Please bring this, along with your current workout schedule (if applicable) and Three-Day Dietary Record, to your first appointment.

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