



www.fitnessRxKy.com

NAME: _____

DATE OF BIRTH: _____

AGE: _____ WEIGHT: _____ HEIGHT: _____

ADDRESS: _____

EMAIL ADDRESS: _____

CELL: _____

HOME PHONE: _____

Why are you interested in this test? _____

What fitness goals have you set for the next 6 months? _____

What is your typical daily workout (length of exercise/exercise)? How many days per week do you exercise?

What do you think your Resting Metabolic Rate is? (Calories that you burn while not active)? _____ cal

What is a typical daily diet for you?

Breakfast? _____

Lunch? _____

Dinner? _____

Snacks? _____

Drinks including alcohol (#ozs and what) _____

Thanks for testing!