



Version 5.0

Winter 2022

Physical Activity Readiness Questionnaire

- 1) Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? Y or N
- 2) Do you feel pain in your chest when you do physical activity? Y or N
- 3) In the past month, have you had chest pain when you were not doing physical activity? Y or N
- 4) Do you lose your balance because of dizziness or do you ever lose consciousness? Y or N
- 5) Do you have a bone or joint problem that could be made worse by a change in your physical activity? Y or N
- 6) Is your doctor currently prescribing drugs (i.e.; water pills) for your blood pressure or heart condition? Y or N
- 7) Do you know of any other reason why you should not do physical activity? Y or N

Date: _____ Signature: _____

STRENGTH AND CONDITIONING QUESTIONNAIRE

FOR CUSTOM PROGRAM DEVELOPMENT

This questionnaire will allow thorough development of a personalized strength and conditioning plan most suited to your workout facility, habits, and goals. Take your time answering these questions so that your personalized plan will be as beneficial as possible. Please send the completed form to scottmackenzie403@gmail.com. If you fill out the word document version, please write in your answers in **RED TEXT** and don't worry about the formatting.

PART 1: PERSONAL INFORMATION

Name: _____ Gender: _____ Age: _____ DOB (MM/DD/YY): _____

Height: _____ Weight (as of this morning): _____

Goal Weight (weight class if fighter): _____

- On a scale of 1-10 how would you rate your present fitness level?* _____

*If you answered **7 or lower above**, consider contacting me about a nutrition plan. You can't out-train a poor diet, and some tweaks in the kitchen will fast track your strength and conditioning program results.



PART 2: GOALS AND DATES

- Given the following goals, please rank them in order of importance, with 1 being **most important** and 8 being **least important**.

Improved Health _____ Improved Endurance _____ Increased Strength _____

Sport-Specific* _____ Increased Muscle-Mass _____ Fat Loss _____

Increased Power _____ Weight Gain _____

*If sport specific please specify the sport or athletic event for which you are training, please provide competition/fight dates if known: _____

- If you rated weight loss or weight gain highly, please specify a goal amount, and the timeframe in which you would like to see this change in body mass: _____

- How does your current fitness and nutritional situation make you feel?:

- Do you foresee any obstacles or limiting factors that could potentially impede your progress towards these goals? What gets in the way of your reaching your goals?*

*If you listed any limiting factors above, what are some strategies we could implement to get over these obstacles? _____

- Why are your goals important to you?

- How do you want your body to look and feel?



- What do you eat and drink in a typical day? (Leave blank if we're also doing nutrition coaching)

PART 3: GENERAL INFORMATION

- Rate your average weekly exercise level – moderate to vigorous, intentional exercise only.
 - Sedentary (minimal exercise)
 - Moderately Active (3-4 times/week)
 - Very Active (5-7 times/week)
- Any current injuries or limitations?* _____
- Any noticeable Strength Imbalances Left to Right or Front to Back?

- What is your current weekly strength training schedule? If it's more than one session per day, please specify AM and PM.
 - Sunday _____
 - Monday _____
 - Tuesday _____
 - Wednesday _____
 - Thursday _____
 - Friday _____
 - Saturday _____
- What days/times would you want to workout, and what duration of workout works best for you (I usually recommend 40-60mins)?

- If applicable, what is your current sport specific training schedule/ strength and conditioning schedule/ other physical activity schedule?
 - Sunday _____
 - Monday _____
 - Tuesday _____
 - Wednesday _____
 - Thursday _____
 - Friday _____
 - Saturday _____
- Any current stretching/mobility/recovery protocols or programs followed?

- Rate your knowledge of strength training exercises on a scale of 1-10: _____



- What facility will you be completing your program at? What equipment is available? If you are completing your workouts at home, please give me an idea the amount of space you have, as well as the height of your ceilings, and any other information that helps me visualize your home gym (can also film and send me a video).

PREVIOUS PROGRAM (IF NONE LEAVE THIS SECTION BLANK)

- Type of Strength and Conditioning routine following previously:

Total Sets Per Muscle Group: ____ Total Reps per Set: ____ Recovery between Sets and Workouts: ____

- Exercises Used (list):

- Length of Workouts: _____ Time of Day of Workouts: _____

PART 4: LIFESTYLE INFORMATION

- Occupation: _____
- What is the activity level at your job? _____
 - None (seated work only)
 - Moderate (slight activity such as walking)
 - High (heavy labor, very active)
- Does your job involve shift work (Y/N)? _____
- Please list the physical activities that you participate in outside of the gym and outside of work:

- What is your average daily stress level, on a scale of **1- Zen Master** to **10 – Someone Might Get Punched**? _____
- How many hours on average do you sleep per night? _____
- Do you habitually use your phone, computer screen, or TV in the hour before bed? _____
- List any nutritional supplements and doses you are currently taking:

- Are you a smoker? _____
- How many alcoholic drinks do you consume per week? _____



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PART 6: MISCELLANEOUS INFORMATION

- If there is any other information you think might be relevant to your coaching and program design, please share it below. Do you have a favorite exercise or an exercise/ position you know you want to be stronger at?

- Please share your most frequent health, nutrition, or physique complaints and/or dissatisfactions in the space below.
