# Goals & Lifestyle Worksheet

WHERE YOU ARE, WHERE YOU WANT TO BE · NEW CLIENT INTAKE

Your program is built around your answers here, so write plainly and for yourself — there are no wrong answers and nothing to live up to. We will go through this together at your first session and revisit it as you progress.

FULL NAME _____ DATE _____

## What brings you here

Tick everything that matters to you, then circle the one that matters most.

- ☐ Lose body fat
- ☐ Build strength
- ☐ Move without pain
- ☐ More energy day to day
- ☐ Better flexibility and mobility
- ☐ Longevity and healthy aging
- ☐ Sport or event performance
- ☐ Balance and stability
- ☐ Stress and mood
- ☐ Sleep better
- ☐ Rebuild after injury
- ☐ Other .....

THREE GOALS, IN YOUR OWN WORDS — WITH A TIMELINE FOR EACH

| GOAL | BY WHEN |
|---|---|
| | |
| | |
| | |

## Your week as it looks today

STRUCTURED EXERCISE

- ☐ None at the moment
- ☐ Once a week or less
- ☐ Two or three times a week
- ☐ Four or five times a week
- ☐ Most days

What kind _____

SLEEP

Hours on a typical night _____

- ☐ I wake rested most days
- ☐ Sleep is inconsistent
- ☐ I rarely wake rested

NUTRITION, HONESTLY

- ☐ I cook most of my meals
- ☐ I eat out or order in several times a week
- ☐ I skip meals when I get busy
- ☐ I already follow a specific plan .....

TIME YOU CAN GIVE THIS

_____ minutes per session

_____ days per week

Best times of day _____

YOUR CURRENT STRESS LEVEL — TICK ONE

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

← MINIMAL MAXIMAL →

## What success looks like to you

Not a number, necessarily. What will be different about an ordinary day when this is working?

## What's motivating you right now

Why this, and why now? Knowing the real reason helps us keep you going on the harder weeks.

## Obstacles you can already see

| WHAT COULD GET IN THE WAY | ONE THING THAT WOULD HELP |
|---|---|
| | |
| | |
| | |
| | |

## Your corner

Two people you can lean on, and how they can help.

WHO

HOW THEY CAN HELP

## How we should keep in touch

PREFERRED CHANNEL

- [ ] Text message
- [ ] Email
- [ ] Phone call
- [ ] In person only

CHECK-INS BETWEEN SESSIONS

- [ ] Weekly
- [ ] Every other week
- [ ] Monthly
- [ ] Only when I ask

COACHING STYLE THAT WORKS FOR YOU

- [ ] Direct and challenging
- [ ] Steady and encouraging
- [ ] Detail and data — show me the numbers
- [ ] Keep it simple, just tell me what to do

ANYTHING WE SHOULD AVOID SAYING OR DOING

CLIENT SIGNATURE

DATE

Bring this with you to your first session — we'll build the plan from it together.