

**TRANSFORMING
MY FITNESS.**

BORN
FOR MORE
FITNESS

IT WON'T BE EASY, BUT I PROMISE YOU: IT WILL BE WORTH IT.

Impacting Women. Changing Lives.

Whether it's a toned lean body, a healthy heart, or just more strength and energy to run around with your kids, a personalised workout plan is going to get you there. What you eat and what you do to keep active not only affects how you look and feel, but also affects the way you think. Health is the very foundation of your being, so by working towards and achieving your ultimate health goals you are only setting yourself up to live your best life possible! Don't think you can do it for yourself? Do it for the future of your loved ones! They (and you) deserve to have the best version of you around town.

*You deserve this, beautiful.
You were born for more.*

Complete the page following and email to:
janessa@bornformorefitness.com.au



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Health and Fitness Goals

What do you hope to achieve from your exercise program?

Please circle the number which best represents the importance of this goal where **1** = extremely important, **3** = somewhat important and **5** = not important.

I need to get fitter
1 2 3 4 5

I want muscle definition
1 2 3 4 5

I need to get stronger
1 2 3 4 5

I want to lose weight
1 2 3 4 5

I need more energy
1 2 3 4 5

I need to get more flexible
1 2 3 4 5

I want more muscle
1 2 3 4 5

Other important goals:

My number one goal right now is _____

I would like to achieve this goal by _____

Why is this goal so important to me _____

Are there any reasons why I can't achieve this goal? _____

About You!

Are you currently exercising or playing sport? If so, please describe how often and how hard this activity is.

In 1-2 words, please describe your current health, fitness and body shape?

Let's be more specific now - circle the number below to describe how you are feeling at the moment.

How **ENERGETIC** are you?

1 2 3 4 5 6 7 8 9 10

I just want to sleep

I am the energiser bunny

How **HEALTHY** do you feel?

1 2 3 4 5 6 7 8 9 10

I am always sick

What's a Doctor?

How **FIT** do you feel?

1 2 3 4 5 6 7 8 9 10

I get puffed looking at the stairs

I can run the stairs while talking

How **STRONG** do you feel?

1 2 3 4 5 6 7 8 9 10

I need help carrying my groceries

I can lift my own bodyweight

Lifestyle Review

How much time can you dedicate to an exercise program?

_____ days/week _____ minutes/day

What time of the day can you exercise? (please circle)

Early Mornings Mid-Mornings Afternoons Evenings

What types of exercise/activities interest you (please circle)

Walking Stationary cycling Rowing machine Weight machines Stretching

Running Swimming Cross trainer Free weights Sport

Group exercise classes e.g. _____ Other _____

What changes are you prepared to make to achieve your goals?
