

# Client Assessment Checklist

Client: \_\_\_\_\_

Date: \_\_\_\_\_

Fitness Professional: \_\_\_\_\_

## Nutrition:

1. How many meals are you eating on average each day? \_\_\_\_\_
  2. Are you eating a full breakfast (with protein) each day? \_\_\_ YES \_\_\_ NO
  3. Are you getting in complete snacks in-between your meals? \_\_\_ YES \_\_\_ NO
  4. Are you taking your vitamins each and every day? \_\_\_ YES \_\_\_ NO
  5. Have you eliminated your alcohol consumption? \_\_\_ YES \_\_\_ NO
  6. How much water are you drinking each day? \_\_\_\_\_
  7. Have you been taking your post-workout recovery shake right after every workout? \_\_\_ YES \_\_\_ NO
  8. Have you been tracking your daily caloric intake? \_\_\_ YES \_\_\_ NO
  9. Is it in line with your calculated needs? \_\_\_ YES \_\_\_ NO
- If not, where can you make adjustments? \_\_\_\_\_

## Exercise:

10. Have you been completed each of your strength training sessions? \_\_\_ YES \_\_\_ NO
11. Are you completing your cardiovascular training sessions? \_\_\_ YES \_\_\_ NO
12. Is your strength increasing? \_\_\_ YES \_\_\_ NO
13. Are you making sure to warm-up, cool-down, and stretch before and after every workout? \_\_\_ YES \_\_\_ NO

## Overall:

14. Identify your strengths: What's going really well with your program right now?
15. Identify areas for improvement: What components of your program are you struggling with?
16. Action steps to improve results: What action steps can you take to improve your program for the next week?