

## Goal Review

Name: \_\_\_\_\_

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

1. Do you feel that you are accomplishing your goals? How much progress do you feel you have made?

\_\_\_\_\_

2. Have there been any obstacles that have prevented you from attaining your goals?

\_\_\_\_\_

\_\_\_\_\_

3. Do you wish to set any new health and fitness goals? Yes / No

4. If yes, please circle which facet/s of fitness you wish to further enhance.

- Cardiovascular. Specify \_\_\_\_\_
- Muscular Strength. Specify \_\_\_\_\_
- Flexibility. Specify \_\_\_\_\_
- Weight Loss \_\_\_\_\_
- Muscle Tone. Specify \_\_\_\_\_
- Injury Rehabilitation. Specify \_\_\_\_\_
- Girth Measurements. Specify \_\_\_\_\_
- Other \_\_\_\_\_

5. Why do you wish to set these goals?

\_\_\_\_\_

6. What is now your # 1 goal? \_\_\_\_\_

7. Please expand by giving a more detailed explanation of your # 1 goal.

\_\_\_\_\_

\_\_\_\_\_

8. How long have you given yourself to accomplish this goal?

\_\_\_\_\_

9. From your knowledge and experience, how do you think you can best achieve this goal?

\_\_\_\_\_

\_\_\_\_\_

10. What support do you want from your trainer to help you achieve your goal? \_\_\_\_\_

\_\_\_\_\_

11. On a scale from 1 – 10 how motivated are you to achieve this goal/s? \_\_\_\_\_

12. Are there any obstacles that will prevent you from reaching these goals? \_\_\_\_\_

\_\_\_\_\_