

Needs and Goals Analysis

Date: _____ How did you hear about us? _____

Name: _____ Home Phone: _____

Cell: _____

Address: _____ (street) _____ (city)
_____ (state) _____ (zip) e-mail: _____

Employer: _____ Work Phone: _____

What is your primary health/fitness goal? _____
What are the consequences if you do not achieve this goal? _____

What have you done for activity/workouts in the past 6 months? _____
Average days per week? _____ Length of workouts? _____
Have you been consistent? Yes / No Is exercise enjoyable for you? Yes / No
If no, explain: _____

What is your sense of obstacles for you? Nutrition: _____
Exercise: _____

What type of group fitness classes do you enjoy? _____

Why did you choose UpLift? _____

Do you feel you have healthy eating habits? Yes No
Describe an average day's menu including time of day for snacks/meals: (On Back)

Are you taking a multi-vitamin? Y/N Omega: Y/N Calcium: Y/N Vitamin D: Y/N

What are your weight loss goals? _____
Are you interested in help with menu planning? Y/N

UpLift's 21-Day Program can help jumpstart your weight loss and get you back on track!
Are you interested in learning more about the UpLift 21-Day Program? Y / N