



Active Female Questionnaire

Client Name _____

Date _____

Please fill in the following questionnaire to the best of your ability.

What are your goals–

Change body composition

Lose Weight

Feel better

Improve performance

Build fitness

Do you track your cycle?

What is the duration of your cycle?

Do you experience excessive fatigue on or around your period?

Are you prone to injuries - if so when and how?

What is your current training/exercise schedule - time and type of exercise

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Nutrition – Typical day

	Time	Description
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Snack		

Training day

	Time	Description
Pre Workout		
Post Workout		

What do you do for recovery?
