

JAG Fitness

Onboarding Questionnaire

Welcome to JAG Fitness! We're excited to guide you on this fitness journey. Please take the time to fill out the following questionnaire to help us better understand your needs and create a personalized online training program tailored to your goals. -

Privacy Disclaimer: *Your information is confidential. JAG Fitness ensures that your data will not be shared with third parties. It will be used solely to tailor your fitness training program.*

Note: Kindly write you answers using "underline" (ctrl + U) Or different font Color

1. Personal Information:*Full Name:*

Date of Birth:

Gender:

Occupation:

Contact Number:

Email Address:

Time Zone:

2. Health and Fitness History:

Current Weight:

Height:

Do you have any existing medical conditions we should be aware of? (e.g., heart problems, diabetes, etc.):

Are you currently taking any medications? If yes, please specify:

Have you undergone any recent surgeries or medical procedures? If yes, please provide details:

Lifestyle and Habits:

Do you smoke? If yes, how many cigarettes per day?

How would you describe your current stress levels?

On average, how many hours of sleep do you get per night?

Describe your typical daily activity level (sedentary, moderately active, highly active):

Fitness Goals:

What are your primary fitness goals? (e.g., weight loss, muscle gain, improved flexibility):

Are there any specific areas of your body you would like to focus on?

What is your preferred workout environment? (e.g., home, gym):

How many days per week are you willing to commit to your fitness program?

Nutrition:

How would you describe your current diet?

On average, how many glasses of water do you consume per day?

Exercise Preferences:

*Do you have any past experience with specific types of exercises or training programs?
If yes describe it in a few sentences (split routine, frequency, how long have you been doing it ..)*

Are you currently following a workout routine? if yes, do you mind sharing it? If yes describe it in a few sentences (split routine, frequency, how long have you been doing it ..)

Are there any exercises or activities you enjoy or dislike?

Are you engaged in other sports than gym and fitness training? if yes please mention them and the frequency

Additional Comments:

Is there anything else you would like us to know or consider when designing your fitness program?

Thank you for taking the time to complete this questionnaire. Your responses will guide us in creating a customized training program to help you achieve your fitness goals. Let's GO!