



Le Manoir Bootcamp

Lifestyle Questionnaire

Full Name: _____

1. Occupation: _____

2. How many hours on average do you work each week? : _____

3. How do you spend the majority of your time at work? : _____

Standing / sitting / driving / active

4. When you wake up are you:

Tired and find it difficult to pull yourself out of bed?

Refreshed and ready to start the day?

5. Would you characterise your life as:

Highly stressful / moderately stressful / low in stress

6. How would you consider your current body weight?

Underweight / ideal / bit overweight / very overweight

7. What does your typical day look like?

Time you wake up:

Work times:

Evening activities:

Time you go to bed:



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8. How would you describe your current activity level:

Sedentary / moderately active / active / highly active

9. How would you rate your present level of fitness?

Unfit / moderately fit / trained / highly trained

10. Have you ever had a personal training session? - YES NO

11. Do you currently exercise? - YES NO

If No, have you ever done any previous regular exercise?

If you currently do NOT exercise go to question 20.

13. How long have you been training/exercising?

A few weeks / a few months / around a year / over a year

14. How often do you train?

Once a week / 2 x week / 3 x week / 4 x week / 5 x week / 6 x week /
Every day

15. What type of exercise do you do?

16. How long is each training session?

Half an hour / 1 hour / 1.5 hours / 2 hours / longer

17. Where do you exercise?

Gym / Home / Swimming pool / Other (please state)



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18. What time of day do you normally train?

Morning / afternoon / evening

19. Do you participate in any particular sports? If so please state which ones.

20. What fitness equipment do you have access to?

21. How much time will you have to exercise each week?

1 hour / 2 hours / 3 hours / 4 hours / more?

22. What did/do you like the least about exercise?

23. What did/do you like about exercise?

24. How many meals do you eat each day?

1, 2, 3, 4, 5, 6

25. Do you ever skip meals? If so, which ones and how regularly? YES NO

26. What time of the day do you usually eat your meals?

Breakfast:

Snack:

Lunch:

Snack:

Evening:

Supper:



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27. How big would you say your meals are?

Small / medium / large / extra large

28. Do you ever get hungry between meals?

No / sometimes / yes / extreme

29. Do you take any supplements? e.g. vitamins

30. Are you currently on a diet?

31. How would you rate your current eating habits?

Poor / average / good

32. On average, how many portions of fruit and vegetables do you eat per day?

Fruit:

Vegetables:

33. If you snack or have any weaknesses, what do you generally tend to eat/drink?

34. How many alcoholic units do you drink per week? (1 unit = wine 1 glass, beer 1/2 pint)

35. How much water do you drink each day? (glasses / litres)