



physical therapy and athletic training within a specialty gym

Use it to LOSE It Survey

The weight loss journey can be a varied path for every individual. What works for some may not work for others. Our purpose in creating this survey is to get a better understanding of what is needed to help *you* achieve your weight loss goals on an individualized basis. Please provide us with honest, detailed answers so we have a better idea of how we can better assist you in this weight loss journey!

Name	Current Weight
Email Address	Goal Weight
What are your short-term goals for this session?	
What are your long-term goals?	
What are your current or past barriers that have challenged your weight loss goals?	
What has previously helped you achieve your weight loss goals?	

If you could change one aspect of your life to improve your health (physical wellness, nutritional habits, social life, etc.), what would it be and why?

What benefits will you receive by reaching your goals?

Who else is counting on you to improve your overall health and wellness?

When you meet your goal, how will you reward yourself?

What intrinsically motivates you? What extrinsically motivates you?

What type of instructor feedback will encourage you to give your best workout effort? (Circle one)

Loud & energetic

Laid back

Other:

Do you have any concerns or reservations about losing weight?