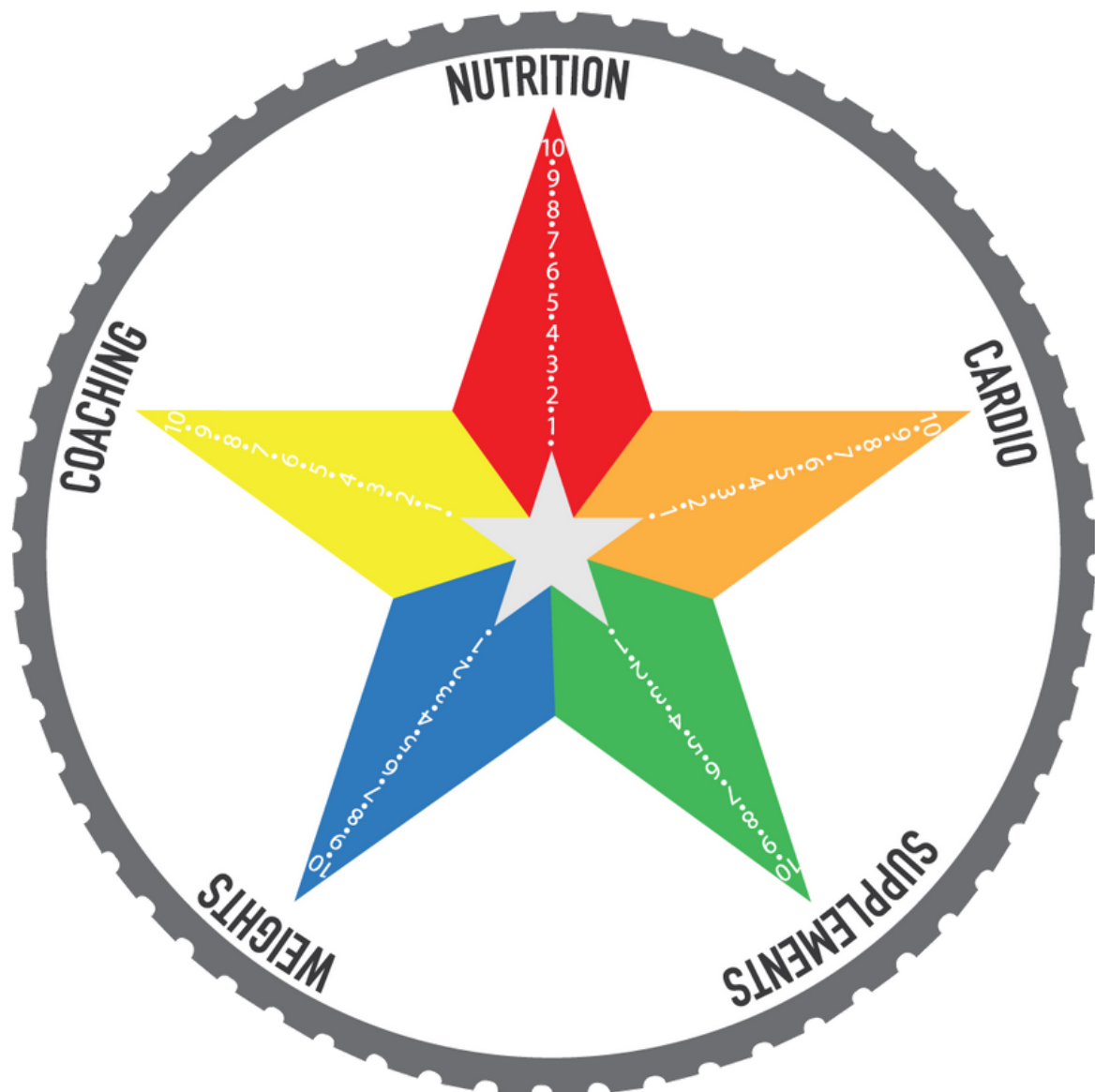




# WORKBOOK



**FIRST NAME:**

**LAST NAME:**

**PHONE:**

**EMAIL:**

**NOTES:**

## **Health & Fitness Goals**

**What are my health and fitness goals for the next month? Be very specific!**

**What are my health and fitness goals for the next 12 months? Be very specific!**

## **Action Steps, Benefits and Reward**

**How do I plan to accomplish my health and fitness goals? What steps will I take?**

## **Challenges and Solutions**

**The challenges I will face in reaching my goals include:**

**I will overcome these challenges by:**

## **Evaluation of Goals:**

**We plan to review these goals on:**

**Client Signature**

**Date**

**Trainer**

**Date**



# MY SMART

## 1 Month Goal



*My SMART Goal*

I want to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

by: \_\_\_\_\_

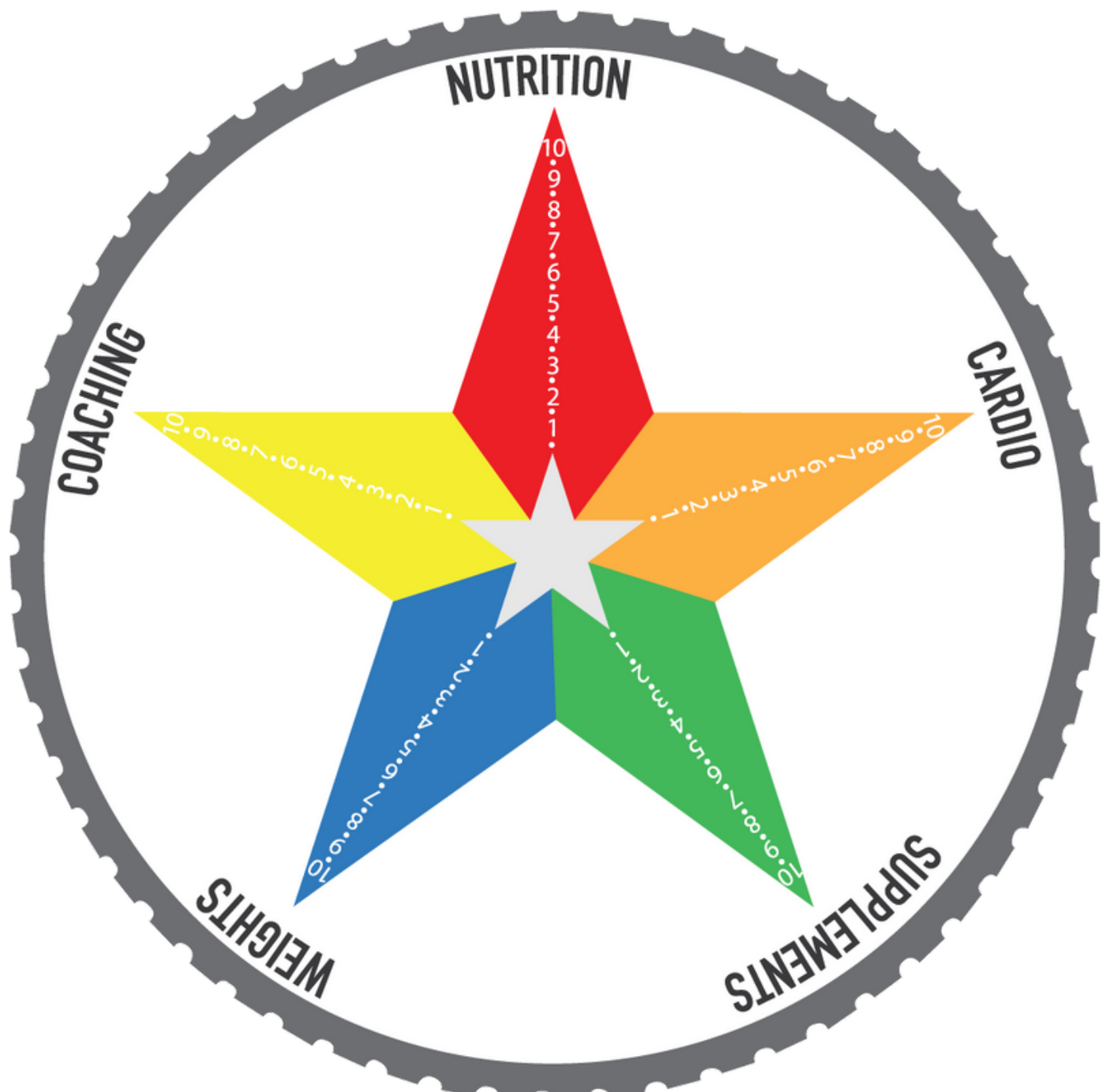
so I will: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ to meet my goal.



# THE FUNDAMENTALS OF HEALTH & FITNESS WHEEL





M	T	W	T	F	S	S
---	---	---	---	---	---	---

### Month 1

1						
2						
3						
4						

### Month 2

1						
2						
3						
4						

### Month 3

1						
2						
3						
4						

### Month 4

1						
2						
3						
4						

### Month 5

1						
2						
3						
4						

### Month 6

1						
2						
3						
4						

## 1 Nutrition

- 60-80% of Results
- Proper %'s of P, F and C
- High Energy Levels
- Satiety
- Venice Nutrition
- Up to One Pound

## 2 Aerobic

- Stimulus to Mobilize Fat
- Strengthen Heart
- Target Heart Rate
- F.I.T.T Principle
- Polar Flow
- Up to 1/3 Pound

## 3 Supplementation

- Environment for Change
- Nutrients w/o Calories
- Matches Meal Plan
- Turbocharge Results
- Dotfit Products
- Up to 1/3 Pound

## 4 Anaerobic

- Fat-Burning Machine
- Fat Burned in Muscles
- Strengthen & Tone Body
- Overcome Limitations
- PG FIT Training Model
- Up to 1/3 Pound

## 5 Coaching

- Accountability
- Proper Technique
- Educate
- Break Plateaus
- Motivation
- Have Fun

up to 2 Pounds each week

Current Weight:

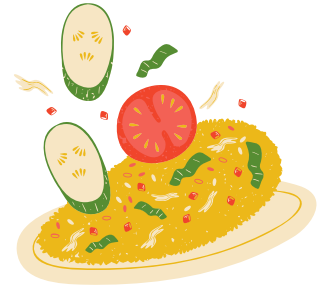
Current Body Fat:

Goal Weight:

Goal Body Fat:

# DAILY FOOD JOURNAL

## Nutrition Questionnaire



**YES NO**

☐
☐

Do you regularly read food labels?

☐
☐

Are you ever hungry again within 1 – 2 hours of eating?

☐
☐

Do you regularly eat breakfast?

How much water do you drink in a typical day?

How many times per day do you eat on average?

**YES NO**

☐
☐

Do you ever eat when you are not hungry?

☐
☐

If so, do you know why?

☐
☐

Are you responsible for the grocery shopping in your household?

How many times per week do you eat at restaurants (eat in or take out)?



# NUTRITION JOURNAL

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ WEEK: \_\_\_\_ DAY: \_\_\_\_

MEAL TIME	FOOD CONSUMED	TOTAL CAL PER MEAL	TOTAL GRAMS PER MEAL		
			Pro	Fat	Carb
 Breakfast					
 Mid Morning					
 Lunch					
 Mid Afternoon					
 Dinner					
 Nighttime					
<b>TODAY I FEEL:</b> <input type="checkbox"/> Energetic <input type="checkbox"/> Humorous <input type="checkbox"/> Depressed <input type="checkbox"/> Motivated <input type="checkbox"/> Patient <input type="checkbox"/> Overwhelmed <input type="checkbox"/> Joyful <input type="checkbox"/> Sad <input type="checkbox"/> Out of Control <input type="checkbox"/> Calm <input type="checkbox"/> Slow <input type="checkbox"/> Angry		<b>ENERGY LEVEL</b>	<b>TOTAL CALORIES</b>	<b>TOTAL GRAMS</b>	

# CARDIORESPIRATORY PROGRAM



Resting Heart Rate

Maximum Heart Rate

Heart Rate Reserve

Target Heart Rate Zone

Intensity		
50%		bpm
60%		bpm
70%		bpm
80%		bpm
AT		bpm



Ownindex

Frequency

**F**

Intensity

**I**

Type

**T**

Time

**T**

Enjoyment

**E**

# SUPPLEMENT WORKSHEET



## Supplement Questionnaire

**YES NO**

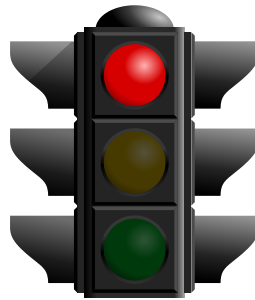
- |                          |                          |   |                      |
|--------------------------|--------------------------|---|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you take a multi-vitamin daily? If so, what kind?  | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently consuming three to four servings of dairy or at least 1000mg of calcium each day? |                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you regularly eat 12-14 servings of fruits and vegetables each day?                              |                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently taking an antioxidant supplement?   |                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you take a probiotic?  |                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently consuming 25-35 grams of fiber each day?  |                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently consuming three to five servings of fish or seafood each week?                    |                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you drink caffeine or take other stimulants each day? If so, what kind and how many?             | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you currently take other supplements or goal enhancers?  |                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you know what GMP or USP stands for on a supplement label?                                       |                      |



# COLORS

## Red Light List

### Exercises to Avoid Temporarily



If you have a color for one of the seven movement patterns below, please review which exercises from the red light list that you should not perform.

#### **Yellow - Active Straight Leg Raise**

No dead lifting or hip dominate exercises

#### **White - Shoulder Mobility**

No overhead pressing or get ups

#### **Orange - Rotary Stability**

No power or long distance running

#### **Red - Torso Stability Push Up**

No pushups or planks from floor, use proper progressions

#### **Blue - In-Line Lunge**

No lunges, ensure proper form on 90/90 split squat (may need assistance)

#### **Green - Hurdle Step**

No running or jumping

#### **Purple - Overhead Deep Squat**

No resisted squatting or jumping

# NOTES

[illegible]



**pg**fit