



DISCOVERY QUESTIONNAIRE

PLEASE COMPLETE THIS QUESTIONNAIRE AND RETURN
IT TO LM FITNESS BEFORE YOUR DISCOVERY APPOINTMENT

Please complete this Questionnaire in FULL and return to me a **full 24 hours before our scheduled call time.** (Please note if we don't receive the form in time, your scheduled call may not go ahead).

I will review it personally and if I think I can help you, we will go ahead with our planned Discovery Session telephone call and we will discuss your goals in a lot further detail.

Please fill out the form in full - just doing this alone will reveal insights about what needs to be done to help get you the desired results, dramatically increase your chances of success and improving your quality of life in 3-6 months.

We can't wait to hear from you!

PLEASE LIST YOUR FULL CONTACT INFORMATION:

Name:

Address:

Postcode:

Country:

Mobile Number:

Landline Number:

Skype ID (if known):

Email:

ABOUT YOUR WORK:

Are you in Full Time Employment:

What Is Your Current Career?:

How Long Have You Been Working in this profession?:

Is there any physical aspects to your work?:

Does your job increase your stress levels?

How Many Hours a Week Do You Work?:

ABOUT YOU:

Are you a self motivated person, or do you require guidance and encouragement?

How Long have you wanted to/been thinking about achieve your goals?

What distracts you, or stops you from achieving them?

What are your expectations/perceptions of hiring a Personal Trainer?

How do you feel about exercise, fitness & diet?

What inspires you to achieve your goals, what is your reason for setting this goal?

Do you have any children? If yes, how many & how old? Are they at School?

WHAT YOU WANT TO ACHEIVE:

What would you like to achieve? What is your primary goal?

How many dress sizes/lbs/stones would you like to lose?

When would you like to achieve this by? Is your time scale set to a Holiday or Occasion?

What would it mean to you (and your family) to achieve this? How would your life change?

How many hours per week are you willing to set aside to achieve this goal?

Have you joined any slimming clubs or gyms in the past? Did they work?

What challenges and obstacles have you faced trying to do this on your own in the past?

What will happen if you don't do something about this now?

How motivated are you to invest time in yourself right now to achieve your desired goal, on a scale of 1 to 10?

WHAT WOULD YOU LIKE TO SEE HAPPENING IN THE NEXT 30 DAYS, 6 MONTHS AND 12 MONTHS?

30 days:

6 months:

12 months:

THANKYOU FOR COMPLETING THIS FORM

Lesley will be in touch with you shortly to confirm your Discovery Appointment