



Lifestyle questionnaire

How much time do you spend in the seated position?

On a scale of 1-10 (1=not active, 10=very active) please rate how active you are on a daily basis?

1 2 3 4 5 6 7 8 9 10

How many hours sleep do you get per day?

Do you consider yourself to be stressed? If yes provide details.

Are you currently involved in any exercise programme? If yes please list how long and what type of exercise.

Have you ever had a personal trainer before?

Do you smoke?

Do you have any specific dietary intake plan?

Do you have any allergies?