

**SAN MATEO
ATHLETIC CLUB**
— AT —
COLLEGE OF SAN MATEO

WHERE EDUCATION MEETS FITNESS

Investing in your health, also supports education in your community

SMART START
PROGRAM ORIENTATION

Member Last Name _____

Member First Name _____

Beginning Your Journey

Date _____ Time _____ am / pm

Member Last Name _____

Member First Name _____

Phone _____

Trainer Name _____

Email _____

Gender Male Female

Birthdate _____ Age _____

Completed Journey Assessment Yes No

GOAL SETTING

Mindset ♦ Nutrition ♦ Movement ♦ Recovery

1. What was your motivation for joining? _____

2. What outcome would you like to achieve or would like to see improvement on? *[Goals from Journey; Finish Line]*

How do we measure it? _____

Why is this outcome so important? _____

Why? [Why Chain if applicable]: _____

3. How important is this goal to you on a scale of 1-10? *[Not Important]* 1 2 3 4 5 6 7 8 9 10 *[Very Important]*

4. Do you know what it will take to _____ [insert outcome]? *[Decisional Balance Sheet; Commitment Card]*

[Discuss Performance Profile & Tools Available on Journey; Introduce 4 Pillars]

5. Name one thing you would like to change about your nutrition _____

6. On average, how many hours of sleep do you get per night? <6 hours 6-8 hours >8 hours

7. Average stress levels on a scale of 1-10? *[Not Stressed]* 1 2 3 4 5 6 7 8 9 10 *[Very Stressed]*

How do you deal with the stress (relax or do something adventurous)? _____

8. What are the best days/times for you to work out? (check all that apply)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Morning (5:30 – 9am) Mid-Morning (9am-12pm) Noon (12-1pm) Mid-Afternoon (1-5pm) Evening (6-10pm)

9. Have you ever done strength training before? Yes No _____

10. What are you currently doing for your workouts? _____

11. Do you prefer a challenge or structure? Routine or variety? _____

12. Have you ever done Group Exercise or Small Group Training? Yes No _____

13. What recreational activities or hobbies do you enjoy? _____

14. Have you ever worked with a personal trainer? Yes No

If yes, what did you like/dislike? _____

15. On a scale of 1-10, how confident are you in [insert next steps towards outcome] on your own?

[Not Confident] 1 2 3 4 5 6 7 8 9 10 *[Very Confident]*

[Fill Out 1-2 Pillar Strategy Cards]

HEALTH HISTORY TO ACCOMPANY HIQ

Have you ever or do you currently have any of the following?

Cardiovascular Risk

Cigarette Smoking Yes No

Diabetes Mellitus Yes No

Chest Pain Yes No

Difficulty Breathing Yes No

Heart Disease Yes No

Heart Murmur Yes No

High Blood Pressure Yes No

Heart Attack Yes No

Heart Surgery Yes No

High Cholesterol Yes No

Explain _____

Other Conditions

Asthma Yes No

Thyroid Disorder Yes No

Hernia Yes No

Anemia Yes No

Seizures Yes No

Recent Illness Yes No

Allergies Yes No

Balance Problems Yes No

Vision Problems Yes No

Pregnancy Yes No

Surgeries (date) _____

Date of Last Physical _____

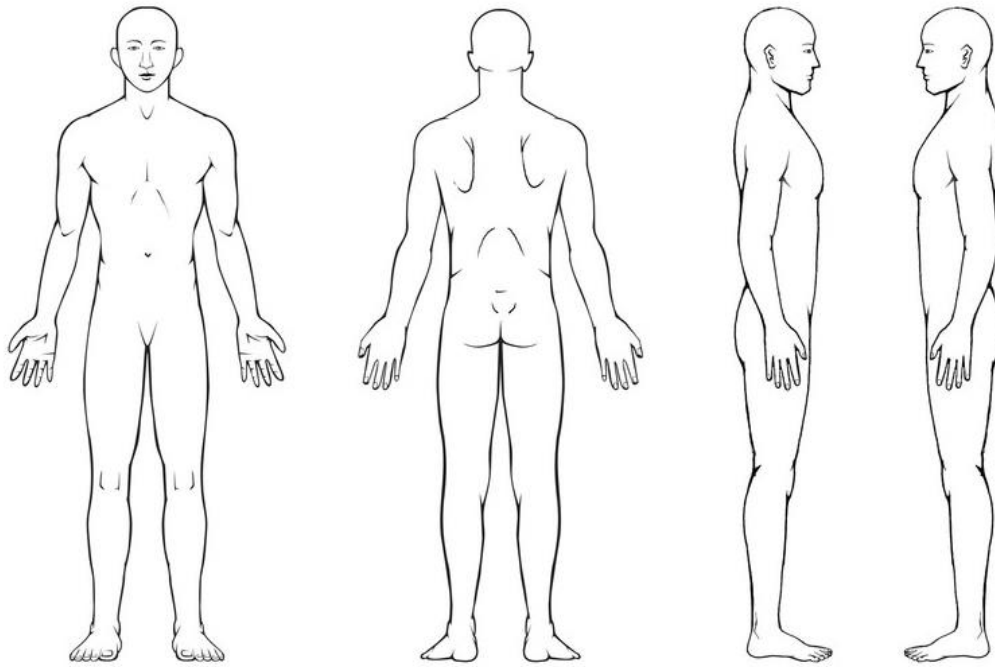
Medications _____

How medications affect your workouts _____

Orthopedic (injury to/pain)

Please circle & number areas currently affected below and note any limitations.

NOTES



- ① _____
- _____
- ② _____
- _____
- ③ _____
- _____
- ④ _____
- _____
- ⑤ _____
- _____
- ⑥ _____
- _____

ASSESSMENTS

	Date	Date	Date
Resting Blood Pressure (mm Hg)	/ mm Hg	/ mm Hg	/ mm Hg
Resting Heart Rate (bpm)	bpm	bpm	bpm
Height (ft. in.)	ft in	Weight	lbs

Body Composition

	Date
Calculated Body Fat %	%
Lean Body Mass (lbs)	lbs
Desired Body Fat %	%
Desired Body Weight	lbs

Desired Weight = $\frac{Wt - (Wt \times \%Fat)}{(1 - \text{desired } \%Fat)}$ = $\frac{\text{Current Lean Wt}}{\text{Desired Lean \%}}$

Calculating your desired body weight:

_____ (-) (_____ x _____) = _____ = _____ lbs

1 (-) _____

Waist-to-Hip Ratio

	Date	Date	Date
Waist	in	in	in
Hip	in	in	in
Ratio			

Health Risk based on Waist-to-Hip Ratio

	Male	Female
Low Risk	0.95 or below	0.80 or below
Moderate Risk	0.96 – 1.0	0.81 – 0.85
High Risk	1.0 +	0.85 +

Notes _____

NOTES

Vitality Orientation / Distance Assessment Complete in Journey Staff Portal? Yes No

SS2 Date _____

MICRO CHANGE GOALS

I Commit to:

My Motivation is:

My Finish Line is:

Mindset ◊ Movement ◊ Nutrition ◊ Recovery (circle one)

Strategy:

Target:

Benefit:

Obstacle:

Mindset ◊ Movement ◊ Nutrition ◊ Recovery (circle one)

Strategy:

Target:

Benefit:

Obstacle:

Mindset ◊ Movement ◊ Nutrition ◊ Recovery (circle one)

Strategy:

Target:

Benefit:

Obstacle:

Mindset ◊ Movement ◊ Nutrition ◊ Recovery (circle one)

Strategy:

Target:

Benefit:

Obstacle:
