

# TCFIT QUESTIONNAIRE








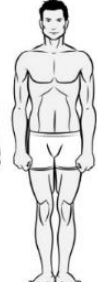
|     |  |             |  |             |  |            |  |
|-----|--|-------------|--|-------------|--|------------|--|
| AGE |  | HEIGHT (CM) |  | WEIGHT (KG) |  | BODY FAT % |  |
|-----|--|-------------|--|-------------|--|------------|--|

1) Do you have any diagnosed health issues?

2) Are you currently taking any medication?

3) Do you have any injuries or history of injuries?

4) Which image best describes your body type?

|   |   |   |   |   |   |
|---|---|---|---|---|---|
|  |  |  |  |  |  |
| <b>ECTOMORPH</b>  |   | <b>ENDOMORPH</b>  |   | <b>MESOMORPH</b>  |   |
| <input checked="" type="checkbox"/>   |   | <input checked="" type="checkbox"/>   |   | <input checked="" type="checkbox"/>   |   |

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5) What would you like to achieve through training?

6) Is there anything that could prevent you achieving this goal?

7) How often could you train per week?

8) Any dietary requirements?

9) What equipment do you have available?