

DATE:

CC CLIENT QUESTIONNAIRE for:



	NEVER	STOPPED	OCCASIONALLY			REGULARLY			OFTEN				FEELING	PRES.	MOTIVATION		HISTORY		GUIDANCE	
	0	0	1	2	3	4	5	6	7	8	9	10	TOPS	JACK.	TR/SK	ACC.	STARTED	STOPPED	INCREASE	DECREASE
RED																				
ORANGE																				
YELLOW																				
OLIVE/LIME GREEN																				
GREEN																				
TURQUOISE																				
BLUE																				
INDIGO/NAVY BLUE																				
VIOLET/LAVENDER																				
PURPLE																				
MAGENTA/FUCHSIA																				
PINK																				
WHITE																				
GREY																				
BURGUNDY																				
BROWN																				
BLACK																				

GOALS: _____

NAME: _____

GYM WEAR: _____

ADDRESS: _____

NIGHT GEAR: _____

NEWSLETTER: Y / N PATTERNS: _____

TEL: _____ MOB: _____

REPORT SENT: _____ NEXT APPOINTMENT: _____

EMAIL: _____

PRODUCTS PURCHASED _____