SMART COACHING STARTER KIT

FITNESS PROS

Resources for Step 3:

Measure

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Resources for
Step 3: Measure

Bi-weekly Adherence Chart

This form is used to keep track of nutritional adherence and is to be reviewed every other week.

Bi-weekly Client Report

This form is used to keep track of weight, measurements, and subjective markers and is to be reviewed every other week.

Follow-up Performance Assessment

The in-the-gym assessment. To be used periodically and compared to the last assessments results to gauge progress. This assessment is complementary to the Initial Performance Assessment from Step 1: Assess.

Take the next step.

Becoming a great coach takes education and practice. If you'd like to fast-track the process, consider joining us for the Level 1 Certification or the Level 2 Master Class.

www.precisionnutrition.com/certification-presale-list/
www.precisionnutrition.com/pn-level-2-vip/

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Bi-weekly Adherence Chart

Name: _____   Date: _____

Each time you eat a compliant meal, put an **X** in the appropriate box.

Each time you miss a meal, put an **O** in the appropriate box.

Each time you eat a noncompliant meal, put an ***** in the appropriate box.

If a meal isn't applicable, put a **N/A** in the appropriate box.

BI-WEEKLY ADHERENCE CHART

WEEK ADHERENCE	MEAL 1	MEAL 2	MEAL 3	MEAL 4	MEAL 5	MEAL 6	(WORKOUT DRINK)
Day 1							
Day 2							
Day 3							
Day 4							
Day 5							
Day 6							
Day 7							
Day 8							
Day 9							
Day 10							
Day 11							
Day 12							
Day 13							
Day 14							

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Bi-weekly Client Report

Name: _____   Date: _____

INSTRUCTIONS

In order to provide the best possible service, it is important that you fill out all the information below. Keep a daily record of bodyweight and recovery measures. Please bring this report to your next check-up meeting. I'll collect your skinfold measures and girths during this meeting, so you can leave those sections blank.

DISCLAIMER

It is your responsibility to work directly with your physician before, during, and after seeking fitness consultation. As such, any information provided is not to be followed without the prior approval of your physician. If you choose to use this information without the prior consent of your physician, you agree to accept full responsibility for your decision.

Body Composition Measures

1. Bodyweight (in lb)

WEEK 1	WEIGHT	WEEK 2	WEIGHT
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	
Saturday		Saturday	
Sunday		Sunday	

2. Your body fat percentage (I'll take this during your session). _____

3. Please provide the following skinfold measures (in mm)*.

SKINFOLD SITE	MEASUREMENT (MM)
Abs	
Subscapularis	
Triceps	
Suprailiac	
Chest	
Thigh	
Mid-axillary	

4. Please provide the following girth measurements (inches or cm)*.

LOCATION	GIRTH MEASUREMENT
Neck	
Shoulder	
Chest	
Upper-arm	
Waist	
Hip	
Thigh	
Calf	

*Note: These will be collected and recorded during your next appointment.

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Goals

1. To ensure that your goals and our approach are still on the same track, please reevaluate and rank your goals at this current time. Rank these goals according to importance, with 1 being the most important **and 8 being the** least important.

GOAL	RANK	GOAL	RANK
Improved health		Increased muscle mass	
Improved endurance		Fat loss	
Increased strength		Increased power	
Sport-specific*		Weight gain	

*If "sport-specific" was selected, please provide the sport / athletic event for which you are training:

_____

2. Is there a specific timeline for achieving your goals? If so, please describe in detail.

_____

3. What's more important to you:

☐ a. Immediate progress that's less easily maintained *OR*   ☐ b. Maintainable progress that may not be as rapid

Please explain below:

_____
_____
_____

Subjective recovery measures

Please rate (daily) each of the following variables on a scale of 0 - 5 as follows:

Appetite: 0 = No appetite; 5 = Very hungry

Sleep quality: 0 = Poor sleep; 5 = Very good sleep

Tiredness: 0 = No tiredness; 5 = Very tired

Willingness to train: 0 = No willingness; 5 = Very excited to train

WEEK 1	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Appetite							
Sleep quality							
Tiredness							
Willingness to train							

WEEK 2	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Appetite							
Sleep quality							
Tiredness							
Willingness to train							

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Objective recovery measures

Please record your morning resting pulse for each day while seated, immediately upon waking. Take your radial pulse (at the wrist) for 15 seconds and multiply by 4 to get a minute value. Record this minute value (beats per minute) here:

WEEK 1	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Pulse (bpm)							

WEEK 2	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Pulse (bpm)							

Perceived appearance

What changes in your appearance do you see when you look in the mirror? Please describe them in your own words. (For example, are you getting tighter, more muscular, or more vascular?)

_____

_____

_____

_____

Gym performance

Subjective appraisal

How are your workouts going? Are you getting stronger, more powerful, or improving your anaerobic tolerance? Let us know what changes you feel when working out. Please describe them in your own words. You can also use this section to highlight "problems" or concerns you may have about the workout.

_____

_____

_____

_____

General nutrition perceptions

How is your nutritional program going? Are you having difficulty following it or is it easy to eat this way? How successfully have you avoided unhealthy choices and made more positive eating decisions?

_____

_____

_____

_____

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Adherence to nutrition plan

Please place an "X" only in squares corresponding to the day and meal where you followed the nutrition plan, as prescribed, 100%**. Please input a "N/A" in boxes that don't apply to you (for example, if you are only required to eat 5 meals per day, put N/A in the 6, 7 and 8 columns). The order of your meals isn't important. As long as you've managed to get the meal in, it counts as 100% adherence for that meal (for instance if you ended up switching meals 1 and 5 around to fit your schedule better, you'd still place an X for each meal).**

		WEEK 1								WEEK 2						
MEAL	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
Monday																
Tuesday																
Wednesday																
Thursday																
Friday																
Saturday																
Sunday																

Are you having any problems with adherence, or does it seem easy? Please elaborate below.

_____

_____

With an increase in protein intake, some people may experience abdominal bloating, gas, or constipation. Are you experiencing any negative gastrointestinal symptoms? Please describe.

_____

_____

How much are you now spending on groceries per week (please list grocery bill totals for both weeks)?

_____

_____

How much money are you now spending on supplements per month (total for the month)?

_____

_____

How often have you eaten out in restaurants per week?

_____

_____

General wellbeing

Have any of your previous health, nutrition, or physique complaints decreased?

_____

Please provide any general comments not covered above that you think we should or would like to know. Positive and negative feedback is welcome.

_____

_____

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Follow-up Performance Assessment

Name: _____   Date: _____

MAXIMUM STRENGTH TESTS

MAJOR LIFT	SESSION 1 (BASELINE)		SESSION 2		SESSION 3	
	REPS	WEIGHT	REPS	WEIGHT	REPS	WEIGHT
Bench press						
Squat						
Deadlift						

POWER TESTS

MAJOR LIFT	REPS	WEIGHT	REPS	WEIGHT	REPS	WEIGHT
Barbell clean						
Barbell snatch						
	HEIGHT / DISTANCE		HEIGHT / DISTANCE		HEIGHT / DISTANCE	
Vertical jump						
Overhead medicine ball toss						

STRENGTH ENDURANCE TESTS

MAJOR LIFT	SESSION 1 (BASELINE)				SESSION 2 (FOLLOW-UP)			
	1RM LOAD	% OF MAX	LOAD	REPS	1RM LOAD	% OF MAX	LOAD	REPS
Bench press								
Squat								
Deadlift								

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V_{MAX}

SESSION 1 (BASELINE)		SESSION 2		SESSION 3	
FINAL SPEED	FINAL ELEVATION	FINAL SPEED	FINAL ELEVATION	FINAL SPEED	FINAL ELEVATION

T_{MAX}

	SESSION 1 (BASELINE)	SESSION 2	SESSION 3
Time at initial V_{max}			
Time at new V_{max}			