**Unit 6 Programming Pilates matwork**

**Unit accreditation number: H/602/5325**

**Your Name Date**

**Client interview**

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| **Personal information** |
| **Age:** | **Gender:**  | **Occupation:**  | **Hours worked per week:**  |
| **Lifestyle information** |
| **Smoker:**  | **Cigarettes per day:**  | **Alcohol:**  | **Units per week:**  |
| **Overview of diet: (five a day / breakfast / 6-8 glasses of water a day)** |
| **Currently active?** | **Minutes per week:**  | **Type of activity:**  |
| **Current fitness (Client’s perception)** **(Please tick)** |
| **1****Low** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10****High** |
|  |  |  |  |  |  |  |  |  |  |
| **Activity likes and preferences:** |
| **Activity dislikes and reasons:** |
| **Motivation and readiness to participate****(Please tick)** |
| **1****Low** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10****High** |
|  |  |  |  |  |  |  |  |  |  |
| **Barriers to participation (Perceived or actual)****and a strategy to overcome** |
| **Barrier:**  | **Strategy:**  |
| **Posture and alignment****Please include your postural analysis sheet as part of your portfolio** |
| **Neck, scapula and upper spine:** |
| **Pelvis and lumbar spine:** |
| **Other:** |
| **Functional ability:** |
| **Medical history** |
| **Medical history** **CHD risk factors that may affect participation (summary of PAR-Q):** |

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| **Personal goals** |
| **General health and fitness:****Physiological:****Psychological:****Social:** **Functional:**  |
| **SMART goals****You may use the separate SMART goal setting worksheet if you prefer** |
| **Short term:*****S******M******A******R******T*** |
| **Medium term:*****S******M******A******R******T*** |
| **Long term:*****S******M******A******R******T*** |

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| **Assessor’s feedback:** |