

GRIFFIN FITNESS

PERSONAL VISION PLAN

**1) TELL ME ABOUT YOURSELF
AND FITNESS GOALS:**

5) TELL ME ABOUT YOUR NUTRITION HABITS:

**2) IF YOU WERE TO ATTAIN THESE GOALS
DISCRIBE THE PERSON YOU WOULD BE:**

**6) WHAT ARE YOUR ENERGY LEVELS
DURING THE DAY, HOW MANY TIMES
WERE YOU SICK LAST YEAR?**

**3) HAVE YOU TRIED TO REACH THESE
GOALS IN THE PAST,WHAT IS BETWEEN
YOU AND THIS GOAL?**

**7) ARE YOU TAKING MEDICATIONS OR
SUPPLEMENTS NOW, IF SO WHICH
ONES?**

**4) HOW COMMITTED YOU ARE TO REACHING
YOUR GOAL, ASSIGN A NUMBER TO YOUR
COMMITMENT 1-10:**

