



Athlete Mobility/Stability Questionnaire

The questions below are important. Take your time and think through your answers before providing them. Be as specific as you possibly can in your answers. What you write will directly impact the way we program for you as well as the way we program for others. Each prescription is unique, you will not find another exactly the same as yours. By collecting as much data from all of our athletes as possible, we are able to provide the best possible outcome for our clients. Thank you for choosing our team at The Active Life, we look forward to YOUR SUCCESS.

1. What made you decide to seek help for your mobility/stability now?

2. Do you consistently experience the same pain before, during, or after workouts? If yes, please describe, be specific without naming anatomical structures (leave that part to us).

3. Is there anything you are currently doing that decreases the intensity, the duration, or the frequency of your pain?

4. What would you consider to be your best heavy lift?

***Back Squat *Front Squat *Deadlift *Clean *Snatch *Shoulder to Overhead**

5. What would you consider to be your worst heavy lift?

***Back Squat *Front Squat *Deadlift *Clean *Snatch *Shoulder to Overhead**



6. What would you consider to be your best body weight movement?

*Pull-Up *Dip *Handstand Push-Up *Air Squat *Sit-Up *Pistol *Lunge

7. What would you consider to be your worst body weight movement?

*Pull-Up *Dip *Handstand Push-Up *Air Squat *Sit-Up *Pistol *Lunge

8. What are your fears for what might happen if you do not get help with your mobility/stability now?

9. What are your hopes for what might happen because you have chosen to get help with your mobility/stability now?

10. What else have you tried in order to improve your mobility/stability?

11. Do you have any history of surgery or major injury? If yes, what was the condition, the treatment, and was the issue resolved?

12. Do you have medical contraindications to exposure to any of the following:

*Increased Blood Pressure *Valsalva Maneuver *Inversion *Interval Training
*Heavy External Load *Change in Temperature

13. Is there any medical or otherwise reason that you can think of to prevent you from or limit the type of exercise you take part in?



14. What are the two movements you think will be the most improved due to mobility/stability programming and why?

15. Do you have any competitions coming up in the next six months for which you think additional mobility/stability will be necessary for you to be successful?

16. What are your 1 year, 4 year, and lifetime athletic achievement goals (assuming you have not already accomplished them)?

17. Are there any basic movements that you always found difficult to perform while your friends could do them with ease (touch your toes, sit indian style, crouch to a full squat, clasp your hands behind your back, etc.)?

18. What kind of time are you prepared to spend each day working on your mobility/stability programming?

19. How many days per week are you prepared to spend working on your mobility/stability programming?

20. Do you have access to a full gym of equipment for your training?



21. What are your 2 Month, 6 Month, and 1 Year training goals for the following?

Back Squat 1RM

Front Squat 1RM

Snatch 1RM

Jerk 1RM

Clean 1RM

Clean and Jerk 1RM

Deadlift 1RM

Shoulder Press 1RM

Thruster 1RM

Max Unbroken Strict Chest to Bar Pull-Ups

Max Unbroken Strict Ring Dips

Max Unbroken Handstand Push-Ups

500M Row

*In supplying answers to the categories above, please also list your current scores. If you do not have goals or concern for any of the above movements, please just make a note indicating which ones and why.