BRIXFIT

COACH RESOURCE / ASSESSMENT SYSTEM

Assessment Form Pack

The complete 5-part assessment that makes you look professional from day one - in person or over video.

A free playbook by **BrixFit** - brixfit.app

BEFORE YOU BUILD THE PROGRAMME

A good assessment does two jobs.

It gives you enough information to choose a safe, useful starting point - and shows the client, in the first hour, that their plan will not be generic.

1

Build a safe, effective plan

Screen health concerns, understand the goal, identify real-life constraints, record a baseline and observe movement before you prescribe.

2

Prove professionalism early

A calm, structured process tells the client you listened. A rushed checklist suggests the same programme is coming for everyone.

The five-part flow: Health screening → Goals and motivation → Lifestyle → Baseline measurements → Movement screen.

How to run it

Before the first session

- [ ] Send Parts 1-3 as a form.
- [ ] Review answers before the call.
- [ ] Flag anything that needs clarification.

During the first session

- [ ] Record the baseline.
- [ ] Run the movement screen.
- [ ] Share your three-line summary.

Use only questions that can change what you prescribe, how you coach, or when you refer. More data is not automatically better data.

PART 1 / SAFETY FIRST

Health screening

Use the official, current PAR-Q+ from the PAR-Q+ Collaboration. Do not rewrite, shorten or embed its questions into your own form.

Get the official PAR-Q+: eparmedx.com/print-versions-of-par-q/
The official page provides current print and fillable versions and says the form must remain unaltered.

Add these coach-specific questions

- [ ] Do you currently have any injuries, pain or areas that feel limited? If yes, describe where, when it appears and what makes it better or worse.
- [ ] Have you had any past injuries or surgeries? What happened, and when?
- [ ] Do you have any diagnosed medical conditions, and are you taking any current medications?
- [ ] Are you pregnant or have you recently given birth?
- [ ] Has a doctor or physiotherapist told you to avoid any movement or activity?

Stop and refer when needed

If any answer raises a concern, request medical clearance before training begins. Screening is not diagnosis; it helps you recognise when the situation is outside your scope as a coach.

Keep a record that screening was completed and that clearance was requested where relevant. Follow the PAR-Q+ instructions and the professional rules that apply where you coach.

Goals, motivation & lifestyle

These copy-ready prompts reveal both the destination and the constraints. Put them in your pre-assessment form, then ask one follow-up where the answer is vague.

Goals & motivation

1. What is your main goal, in your own words?
2. Why does this matter to you right now?
3. What would success look like in 12 weeks? And in one year?
4. Is there a deadline - an event, trip or medical check-up?
5. What have you tried before, and why did it stop?
6. From 1-10, how ready are you to make changes?

Listen hardest to: “Why now?” and “Why did it stop?” Those answers show what the plan must protect and what it must not repeat.

Lifestyle

- [ ] What is your work schedule and typical daily routine?
- [ ] Which days and times can you train? How long can each session be?
- [ ] What equipment can you use: full gym, home setup or bodyweight only?
- [ ] How many hours do you sleep, and how would you rate sleep quality?
- [ ] Rate current stress from 1-10. What causes the biggest spikes?
- [ ] Describe daily activity: steps, commute, desk work or standing work.
- [ ] Diet type: vegetarian, eggetarian, non-vegetarian, vegan or Jain?
- [ ] Foods avoided, allergies or intolerances? Who cooks at home? How often do you eat out?
- [ ] Alcohol frequency and quantity? Do you smoke or use tobacco?

India coaching note

Diet type and who cooks can matter as much as the macro target. A nutrition plan that cannot be prepared in the client's home kitchen will not survive contact with real life.

Baseline measurements

Choose a small, consistent set. Repeat the same method every 2-4 weeks; run the fuller comparison every 8-12 weeks.

Bodyweight

Prefer a weekly average of morning weigh-ins under similar conditions. One reading can be noisy; the trend is more useful.

Circumferences

Waist, hips, chest, upper arm and thigh. Mark the measurement points in your notes and use the same tape tension each time.

Progress photos

Front, side and back in the same lighting, clothing, distance and pose. Explain privacy and let the client opt out.

Resting heart rate

Measure on waking across a few days if the client has a watch or can count reliably. Record the method used.

One or two performance markers

Choose low-risk markers that fit the client: quality push-ups, a controlled plank, or distance walked comfortably in 10 minutes. The aim is a baseline, not exhaustion.

Baseline record

Assessment date

Performance marker 1

Weekly-average bodyweight

Performance marker 2

Resting heart rate + method

Next measurement date

Consistency rule: Same conditions beat more metrics. If a number will not change your coaching or help the client see progress, do not collect it.

PART 5 / OBSERVE, DO NOT DIAGNOSE

The movement screen

Ask for controlled, comfortable movement. You are looking for a starting point and an appropriate progression - not attaching a medical label.

1

Bodyweight squat

Watch depth, knee path, heel contact and torso position.

2

Hip hinge

Watch whether the hips move back while the back stays neutral.

3

Push-up or incline

Watch the body line, elbow path, range and control.

4

Plank hold

Watch alignment and record the time good form is maintained.

5

Single-leg balance

Observe steadiness for up to 30 seconds on each side.

6

Overhead reach

Watch whether both arms rise without the lower back arching.

Pain changes the plan

If a movement is painful, stop it. Refer the client to a physiotherapist or doctor before you load that pattern. Never coach through pain to “finish the test.”

Record what you saw, not what you assume. Useful: “heels lifted on rep 3.” Not useful: “tight calves” unless a qualified clinician has assessed that.

REMOTE ASSESSMENT PROTOCOL

Run the screen online without guessing.

Use a live video call or request short clips. Standardise the camera, tempo and views so today's screen can be compared with the 12-week review.

1

Prepare the space

Clear the floor, remove trip hazards and keep a stable chair or wall nearby for balance if needed.

2

Frame the whole body

Place the camera around hip height. Keep hands, feet and head visible throughout the movement.

3

Capture two views

Record front and side views. Do not rely on a single angle when checking knee path, heel contact or torso position.

4

Use a slow tempo

Ask for 3-5 controlled repetitions, or up to 30 seconds for balance. Stop immediately if pain appears.

Save the clips with consent. Name them consistently: Client - Movement - View - Date. Keep them private and compare the same movement, angle and setup at the 12-week review.

Coach call script

“Move only through a comfortable range. I am observing where we should start, not testing how hard you can push today. If anything hurts, stop and tell me.”

FROM INFORMATION TO ACTION

The three-line plan summary

Before programming, reduce the assessment to three lines. Share them with the client and ask, “Have I understood you correctly?”

1 / Priorities

The one or two outcomes that matter most

Write the client's result in concrete language, not your preferred training method.

2 / Constraints

Time, equipment, injury history and food realities

Capture what the plan must work around to remain safe and sustainable.

3 / Starting point

The movements and habits you will build from

Name the easiest useful starting point, not the final progression.

Filled example

Priorities: Lose 5-7 kg and feel confident for a family wedding in 14 weeks; build enough stamina to climb three flights without stopping.

Constraints: Desk job, two 35-minute weekday slots, adjustable dumbbells at home, previous knee pain now medically cleared, vegetarian meals cooked for the family.

Starting point: Two full-body sessions, daily walking target, supported squat progression and a protein anchor at each main meal.

Why share it? The client can correct misunderstandings before you program. The summary becomes the decision filter for exercise selection, session length and nutrition actions.

EXCLUSIVE WORKSHEET / PRINT THIS PAGE

Movement Screen Scorecard

Client name

Assessment date

Movement	What to watch	Observed	Notes
Bodyweight squat	Depth, knee path, heels, torso	☐ Good ☐ Needs work ☐ Pain	
Hip hinge	Hip movement, neutral back, control	☐ Good ☐ Needs work ☐ Pain	
Push-up / incline	Body line, elbows, range, control	☐ Good ☐ Needs work ☐ Pain	
Plank	Alignment; quality hold time	☐ Good ☐ Needs work ☐ Pain	
Single-leg balance	Steadiness; left/right difference	☐ Good ☐ Needs work ☐ Pain	
Overhead reach	Arm position; low-back arch	☐ Good ☐ Needs work ☐ Pain	

Patterns to build from

Patterns to regress, pause or refer

Reassessment date

Client consent for saved clips

Pain means stop and refer. This scorecard records coaching observations; it is not a diagnostic assessment.

PROTECT THE QUALITY OF THE PROCESS

Five common assessment mistakes

The best assessment is not the longest. It is the one that changes the plan, keeps the client safe and creates a baseline you will actually revisit.

1. Skipping screening because the client “looks fit”

Appearance does not reveal medical history, medication, pregnancy, pain or clinical advice. Screen every new client consistently.

2. Collecting data you never use

For each question, know what answer would change the plan, the coaching approach or the referral decision. Remove vanity data.

3. Measuring everything

More measures create more inconsistency and can overwhelm the client. Choose a small set that matches the goal and can be repeated.

4. Testing to exhaustion on day one

The first session establishes a baseline; it is not an audition. Leave the client confident, understood and ready for the next session.

5. Never reassessing

Repeat selected measures every 2-4 weeks and run a fuller reassessment around 8-12 weeks. Use the same method and conditions.

Put the review date in the calendar now. Reassessment is where quiet progress becomes visible - and where your next programming decisions become easier.

FROM FORM TO CLIENT RECORD

Run assessments inside BrixFit.

Keep the assessment connected to the client's coaching journey instead of splitting answers, photos and measurements across forms, folders and spreadsheets.

Forms + client profile

Send onboarding and assessment questions, then keep the answers attached to the client's profile for future decisions.

Measurements over time

Record body measurements and review progress through in-app graphs rather than reconstructing trends manually.

Progress photos that compare

Review before-and-after photos side by side or with a comparison slider, with the rest of the client record nearby.

Health-metrics engine

Generate estimates for Body Mass Index (BMI), Basal Metabolic Rate (BMR), body-fat percentage and protein target from collected measurements.

Use estimates as context, not diagnosis. BrixFit explains its formulas, limitations and intended use at brixfit.app/health-metrics-methodology.

One client record. One visible story.

Assessment answers become the reason behind the plan. Measurements and photos become the proof of progress.

BrixFit health metrics are general wellness estimates and do not replace professional healthcare advice, diagnosis or treatment.

YOUR NEXT CLIENT CAN FEEL THE DIFFERENCE

Turn every assessment into a professional first impression.

Use the pack today. When you want forms, client records, measurements, photos and progress views working together, bring the process into BrixFit.

Start free - brixfit.app

Explore features - brixfit.app/features

Book a walkthrough

References

- BrixFit: Free Fitness Assessment Form Template
- PAR-Q+ Collaboration: official current print and fillable versions
- BrixFit: Health Metrics Science and Methodology