



Functional Movement Systems (FMS) Screen Information

1. Name:
2. Age:
3. Height/Weight:
4. Hand/Foot Dominance:
5. Primary Sport/Activity:
6. How often do you exercise?
7. What type of activities do you do?
8. What type of activities do you enjoy doing?
9. What type of activities do you NOT enjoy doing?
10. What type of job do you have? (Desk work, active, etc...)
11. Do you sleep on your back, side, or stomach?
12. Are you currently experiencing/ dealing with any type of pain or injury?
13. What are your fitness goals?

14. What do you hope to get out of the FMS screen?

15. Are you interested in training with us at our facility?

Please wear comfortable clothing and the shoes in which you prefer to exercise.