

PERSONAL TRAINING FITNESS QUESTIONNAIRE



Please answer all questions accurately and honestly so we can fully determine your individual needs.

Date:
D D M M Y Y

Full Name :

E-Mail : Phone :

Date Of Birth : Age : Gender : Male Female
D D M M Y Y

Please select any and all that currently apply or have applied in the past.

- | | |
|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Bone/Joint Issues | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fitness Challenge |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Spine Issues |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Stroke |

Other health issues not listed:

Family history of any above :

Current Medications :

Injuries/Physical Limitations :

Is your heart assisted with pacemaker :

Do you currently drink alcohol :

Do you currently smoke :

How many meals per day :

How often do you eat out/wk :

How many sugary drinks/wk :

Are you currently involved in endurance (cardiovascular) exercise :

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Motivational Questions: please answer the following questions so we can better understand your fitness background.

Have you ever been a member of a health club before? If so, where?

Have you ever worked out with a personal trainer? If so, when?

How many times have you started & stopped an exercise program?

When was the last time you were in the best shape of your life?

What has prevented you from exercising in the past?

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Accountability | <input type="checkbox"/> Injuries |
| <input type="checkbox"/> Procrastination | <input type="checkbox"/> Time |
| <input type="checkbox"/> Lack of support | <input type="checkbox"/> Money |

On a scale 1-10 (10 being highest), how serious are you about reaching your fitness goal?

How many day's per week do you plan on working with a personal trainer?

How many day's per week do you plan on working out on your own?

Is your spouse/partner supportive of you getting into shape? Yes No

My main goals are (select all that apply):

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Lose Weight | <input type="checkbox"/> Improve Health |
| <input type="checkbox"/> Look Better | <input type="checkbox"/> Increase Size/Strength |
| <input type="checkbox"/> Feel Better | <input type="checkbox"/> Other: _____ |

What upcoming events in your life will motivate you to improve your fitness level?

Is there anything else your trainer should be aware of?

I, the undersigned, certify that the information I have given on this form is complete and accurate.

Clients Name: _____