

# Personal Training Client Questionnaire Form

Please fill out this form as completely as possible. If you are unsure of an answer, please ask your trainer for clarifications.

## PERSONAL INFORMATION:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Preferred method of contact: Email \_\_\_ Phone \_\_\_ Either \_\_\_

**YES / NO** Have you had a personal training previously?

If so, when and for how long? \_\_\_\_\_

What did you like about it? \_\_\_\_\_

What did you not like about it? \_\_\_\_\_

**YES / NO** Have you had a bad experience with or do you have any negative feelings towards physical activity programs? Explain:

\_\_\_\_\_

## FITNESS/HEALTH HISTORY:

**YES / NO** Are you currently involved in regular cardiovascular exercise?

**YES / NO** Are you currently involved in regular strength building exercise?

If yes, how long have you been exercising regularly? \_\_\_ - \_\_\_\_\_

What other sports/exercises/recreational activities do you currently participate in?

\_\_\_\_\_

Length of time you have done so? \_\_\_\_\_ Frequency? \_\_\_\_\_

## AVAILABILITY:

When would you be able to work with a trainer?

Weekday mornings \_\_\_\_\_ Weekday evenings \_\_\_\_\_ Weekday afternoons \_\_\_\_\_ Weekends \_\_\_\_\_

How much time are you able to invest in an exercise program?

\_\_\_\_\_ minutes/day \_\_\_\_\_ days/week

What types of exercise interests you?

Walking	Cycling	Yoga/Pilates	Sports
Jogging	Stationary Bike	Stair Machine	Treadmill
Strength Training	Elliptical Machine	Swimming	Fitness Classes
Other:			

Smoker: **Yes/No**

Describe your lifestyle: Sedentary\_\_\_\_ Lightly Active\_\_\_\_ Moderately Active\_\_\_\_ Highly Active\_\_\_\_

## **FITNESS GOALS**

What are your fitness goals? Please rank the following 1 through 10:

(1 = not important at all, 10 = *extremely* important)

[You do not have to do 1 through 10; you can have multiples of each ranking number]

Improve Cardiovascular Fitness	Reshape/Tone Body	Lose Weight/Body Fat	Improve Sport Performance
Improve Mood/Ability to Cope with Stress	Improve Flexibility	Improve Balance	Increase Strength
Increase Energy	Feel Better	Enjoyment of Physical Activity	Social Outlet
Other: (please specify)			

Is there any other information that we need to know before scheduling your appointment? (Medical conditions, previous injuries/old sports injuries, medications currently taking):

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Why do you want to do this now?

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Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_