



PERSONAL FITNESS TRAINING

Client Exercise History Questionnaire

Name: _____

DOB: _____

Date: _____

Address: _____

Home Number: _____

Work Number: _____

Cell Number: _____

Fax Number: _____

E-mail address: _____

Occupation: _____

How many hours of week do you work? _____

Contact in case of emergency: _____

Married/single: _____

Current Weight: _____

How long at this weight? _____

Height: _____

Have you ever had a personal trainer before and where? _____

What did you like most about working with them? _____

Describe what you would like to accomplish through your fitness program with me:

How did you hear about us?

- Referral Internet Search Brochure Rack Flier
 Mailer Other _____

Aside from technical knowledge and personal attention, what type of motivation do you require and expect from a trainer?

What can we do together to make your exercise program more enjoyable?

Do you own any type of exercise equipment? (Please list):

What are your current leisure activities?

Would you be interested in learning more about fitness, nutrition and lifestyle weight management through reading, watching a video, or listening to an audiocassette?

Please rate your exercise level on a scale of 1 – 5 (5 indicating very strenuous) for each age range through your present age range:

____ 13-20 ____ 21-30 ____ 31-40 ____ 41-50 ____ 50+

Were you (or are you) a high school or college athlete? If yes, please specify:

Do you have negative feelings toward, or have you ever had any bad experience with a physical activity program? If yes, please explain:

Rate yourself on scale of 1 to 5 (1 indicating the lowest value). Check the appropriate box number that best applies:

Characterize your present athletic ability.

1 2 3 4 5

When you exercise, how important is competition?

1 2 3 4 5

Characterize your present cardiovascular capacity.

1 2 3 4 5

Characterize your present muscular capacity.

1 2 3 4 5

Characterize your present flexibility capacity.

1 2 3 4 5

How much time are you willing to devote to an exercise program?

_____ minutes/day _____ days/week

Are you currently involved in regular endurance (cardiovascular) exercise?

no yes, specify type(s) of exercise: _____

_____ minutes/day _____ days/week

Rate your perception of the exertion of your exercise program. (Please check appropriate box):

- Light Fairly light Somewhat hard Hard

How long have you been exercising regularly? _____ months _____ years

What other exercise, sports or recreational activities have you participated in?

In the past 6 months? _____

In the past 5 years? _____

Can you exercise during your work day? _____

What types of exercise interests you? (Please check all applicable.)

- Walking (treadmill/outdoors) Running (treadmill/outdoors) Hiking Swimming
 Tennis Golf Cycling Stationary biking Spin classes Rowing
 Strength training Softball/baseball Martial arts Tai Chi Yoga
 Stretching Pilates Dance exercise

What do you want exercise to do for you?

Use the following scale to rate each goal as far as an exercise program:

Not at all Important					Somewhat Important					Extremely Important
1	2	3	4	5	6	7	8	9	10	

- Improve cardiovascular fitness: _____
- Body-fat weight loss: _____
- Reshape or tone my body: _____
- Build more muscle: _____
- Improve flexibility: _____
- Increase strength: _____
- Increase energy level: _____
- Improve performance for a specific sport: _____
- Improve mood and ability to cope with stress: _____
- Feel better/improved health: _____
- Enjoyment: _____

Anything else I should know about you?
