



## PERSONAL FITNESS TRAINING

### Client Exercise History Questionnaire

Name:

DOB:

Date:

Address:

Contact Phone 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?

What did you like least about working with them?

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

How did you hear about us?

Internet Search  Yelp  Referral  Brochure Rack  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?

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

Do you start exercise programs but then find yourself unable to stick with them?

no     yes, please describe barriers:

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					Somewhat				Extremely
Important					Important				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?