

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?
What did you like least about working with them?
Describe what you would like to accomplish through your fitness program with me:

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
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		

