

Women's Exercise Questionnaire

Complete this form to help build a safe, effective, personalized training program.

Basic Information

Name	
Age	
Height	
Current Weight	
Goal Weight	
Occupation / Activity Level	

Goals

Primary goal (fat loss / muscle gain / tone / strength / health)	
Target areas to improve	
Desired timeline	
How many days per week can you train?	

Experience & Equipment

Training experience (beginner/intermediate/advanced)	
Gym access or home workouts?	
Available equipment	
Favorite exercises	
Exercises you dislike	

Injuries & Limitations

Current pain or injuries	
Past surgeries	
Movements that cause discomfort	
Medical restrictions / doctor limitations	

Lifestyle & Recovery

Average sleep per night	
Stress level (1-10)	
Daily step/activity level	
Work schedule / preferred workout time	

Programming Preferences

Preferred split (full body / upper lower / push pull legs)	
Cardio preference	
How long can workouts be?	
Motivation challenges / consistency issues	

Women Specific

Pregnant or postpartum currently?	
Any cycle-related symptoms affecting training?	
Main focus areas (glutes / legs / arms / core / overall)	