



PERSONAL TRAINING QUESTIONNAIRE

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: _____

Preferred method of contact: Email _____ Phone _____ Either _____ Phone Number: _____

Email address: _____

Fitness History

Have you had a personal training previously? Yes No

If so, when and for how long? _____

What did you like about it?

What did you not like about it?

What types of exercise/ activity interests you?

- ___ walking ___ jogging ___ Fitness ___ other:
- ___ bowling ___ baseball ___ soccer

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 ____

____ minutes/day ____ days/week

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

Fitness Goals

What are your fitness goals? Please rank the following (1 through 10. 1 = *extremely* important, 10 = not important at all. You do not have to do 1 through 10; you can have multiples of each ranking number)

- ____ improving cardiovascular fitness
- ____ reshape or tone my body
- ____ lose weight/body fat
- ____ improve moods/ability to cope with stress
- ____ improve flexibility
- ____ improve balance
- ____ increase strength
- ____ increase energy
- ____ feel better
- ____ enjoyment of physical activity
- ____ social outlet

Signature: _____

Date: ____/____/____