

## Personal Training Questionnaire

Thank you for filling out this personal training questionnaire. All of the information that you provided on this form will be treated as strictly confidential. This personal training information is essential to helping your personal trainer to develop a physical fitness program that directly addresses your needs, goals and interests that is safe and effective. We appreciate your business and if there is any questions that you may have please let us know.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

Why did you decide to invest in a Personal Training program? \_\_\_\_\_

\_\_\_ Lose Weight \_\_\_ Develop Muscle Tone \_\_\_ Nutrition Info \_\_\_ Start an Exercise Program \_\_\_ Injury Recovery

How did you hear about our Personal Training program? \_\_\_\_\_

Why did you choose to train with us instead of another personal trainer? \_\_\_\_\_

What would cause you to stop training with us? \_\_\_\_\_

At what point were you in the best shape of your life? \_\_\_\_\_

\_\_\_\_\_

Has exercise been consistent for the past three months? \_\_\_ Yes \_\_\_ No

When did you first start considering getting back into shape? \_\_\_\_\_

\_\_\_\_\_

What has stopped you in the past from participating in a personal training program? \_\_\_\_\_

\_\_\_\_\_

On a scale between (1 = low and 10 = high), how would you rate your current level of fitness? \_\_\_\_\_

On a scale between (1 = low and 10 = high), how would you rate your current level of nutrition? \_\_\_\_\_

How many times a day do you usually eat? \_\_\_\_\_

Do you find yourself skipping meals? \_\_\_ Yes \_\_\_ No

Do you eat late at night? \_\_\_ Yes \_\_\_ No

How many glasses of water do you drink per day? \_\_\_\_\_

Do you ever feel drops to your energy level throughout the day? \_\_\_\_\_

How many times per week do you eat out? \_\_\_\_\_

Do you do your own grocery shopping? \_\_\_ Yes \_\_\_ No

Do you do your own cooking? \_\_\_ Yes \_\_\_ No

Besides hunger, why else do you find yourself eating? \_\_\_\_\_

\_\_\_\_\_

Do you find that you eat past the point of fullness? \_\_\_\_\_

\_\_\_\_\_

Do you find yourself eating foods that are high in fat and sugar? \_\_\_\_\_

\_\_\_\_\_

Please list three areas of your nutrition that you would like to improve on: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How often do you participate in physical exercise per week? \_\_\_\_\_

If you would like to exercise more often, please list the reasons you are not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What physical activities are you currently involved with? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you prefer to exercise? Please circle all that apply.

Inside	Outside	Combination
Large groups	Small groups	Alone
Morning	Afternoon	Evening
Home	Gym	

What are the days of the week that you would like to commit to a personal training program? Please list time intervals you are available.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

List in order of priority your fitness goals that you would like to achieve in the next four to twelve months?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_