



Personal Training Client Questionnaire Form

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

YES NO Have you had a personal training previously?

If so, when and for how long? _____

What did you like about it?

What did you not like about it?

YES NO Have you had a bad experience with or do you have any negative feelings towards physical activity programs? Explain:

YES NO 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 ___

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

___ minutes/day ___ days/week

What types of exercise interests you?

___ walking ___ jogging ___ strength training ___ other:

___ cycling ___ stationary bike ___ elliptical machines

___ yoga/pilates ___ stair machine ___ swimming

___ sports ___ treadmill ___ classes (list please)

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 sport performance
- _____ improve moods/ability to cope with stress
- _____ improve flexibility
- _____ improve balance
- _____ increase strength
- _____ increase energy
- _____ feel better
- _____ enjoyment of physical activity
- _____ social outlet
- _____ other - specify:

Is there a specific personal trainer that you would like to work with at Hannah Community Center?

Is there any other information that we need to know before scheduling your appointment?

YES NO Do you have an annual pass to Hannah Community Center?

Signature: _____

Date: ____/____/____