

Getting to know you - questionnaire

Personal Information – Date:

Name	M / F
Email:	
Telephone:	Best time to call: AM / MIDDAY / PM
Age:	
How did you hear about us?	
Occupation: Is your job physical / sedentary? (circle one)	

Personal Information

Describe in 3 words how you feel about your health, well-being and body-shape today.

How long have you been thinking about starting an exercise program?

What has kept you from starting sooner? Is this still a problem? Y/N

How would you describe your eating/diet habits?

Do you eat junk food? Y/N

What types of junk food do you consume?

Do you drink alcohol? Y/N

How often and how much alcohol do you consume?

What do you want to achieve from your training sessions? (tick those that apply)

- | | |
|--|--|
| <input type="checkbox"/> Reduce Body Fat | <input type="checkbox"/> Stress / Anxiety Management |
| <input type="checkbox"/> Increase Endurance | <input type="checkbox"/> Improve Muscle Tone |
| <input type="checkbox"/> Sports Conditioning | <input type="checkbox"/> Increase Muscle Mass |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Strength Training |
| <input type="checkbox"/> Re-Shaping | |

What are your key exercise goals?

SHORT TERM: (3-6 MONTHS / Date:)	LONG TERM: (6-12 MONTHS / Date:)

On a scale of 1-10 (10 being most important) how important is that you achieve these goals? (circle) 1 2 3 4 5 6 7 8 9 10

Is there anything that you think could prevent you from reaching your goals?

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How many exercise sessions per week are you dedicating to achieve these goals?

Do your family and friends support you in starting an exercise program?

Have you participated in exercise or sport in the last 12 months? (Y/N) If yes, which activities;

Personal training	Outdoor training	Gym classes	Gym membership
Group training	CrossFit	Boxing	Weight/Power lifting
Weight training	Running	Other:	

What do you expect from me as a trainer?

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Thanks! Let's get started!