

## Training Questionnaire

### personal information

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Age: \_\_\_\_\_ Male Female

Occupation: \_\_\_\_\_

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

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

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

Best phone number to reach you: (\_\_\_\_) \_\_\_\_\_

Best time of day to reach you: \_\_\_\_\_

### your history

1. Are you currently involved with a fitness program?  
If so, what is it?  
\_\_\_\_\_

2. What types of fitness activities have you done in the past?  
\_\_\_\_\_  
\_\_\_\_\_

### goals

- Increase cardiovascular fitness
- Decrease body fat or weight loss
- Increase strength
- Increase muscle tone
- Increase muscle mass
- Post Rehab
- Improve moods
- Increase flexibility/balance
- Increase energy
- Enjoyment
- Other \_\_\_\_\_

### your new fitness plan

How many days/week do you plan to exercise?  
\_\_\_\_\_

How many days do you want to work with your trainer?  
\_\_\_\_\_

What are the best times for you to exercise? (day & time)  
\_\_\_\_\_

Do you prefer a male or female trainer? (please circle)  
Male Female

#### Club Use Only

Name: \_\_\_\_\_  Personal Training  Pilates Training  Yoga Private

Name of Trainer: \_\_\_\_\_ Date/ Time of 1st Appointment: \_\_\_\_\_

Please check

- Copy of interview to Fitness Director
- Copy of interview to trainer
- Informed trainer by phone of appointment

## physical history

Please check any physical considerations/limitations

- Knees – right/left       Neck       Shoulders – right/left       Back – mid/upper/lower       Wrist/ankle (circle)  
 Hypertension       Surgeries (past two years): \_\_\_\_\_       Medications: \_\_\_\_\_

Anything else we should know about? \_\_\_\_\_

## a few medical questions

1. Do you feel pain in your chest when you do physical activity? **Y N**  
If yes, has a doctor ever said you have a heart condition? **Y N**
2. Do you ever experience dizziness/balance loss? **Y N**      Have you ever lost consciousness? **Y N**
3. Has a doctor ever recommended medication for your blood pressure or a heart condition? **Y N**  
If so, are you on medication now? **Y N**
4. Is there any other reason you should not do physical activity, or feel the need to be more careful in a fitness plan? **Y N**
5. Are there any other medical concerns we should know about? **Y N**

## things we like to know (to make this more fun)

1. Do you have family or friends who are members? **Y N**
2. Are you nervous/uncomfortable about any aspect of fitness or the club? **Y N**  
If so, what \_\_\_\_\_
3. Do you feel confident about reaching your goals, or are you more unsure? **Confident    Unsure**  
If unsure, why \_\_\_\_\_
4. Does your spouse/partner support you in your goals? **Y N**
5. Do you prefer working out alone or with others? **Alone    With Others**
6. Anything else you'd like to add? \_\_\_\_\_

## the fine print

I certify that the above statements are true and correct. I understand that a physician's note may be requested, and that if a note is requested, I should not proceed with this workout until the note is received. Furthermore, I understand that if I am unable to make my appointment, I will provide at least 12 hours' notice or I will be charged for my session.

X \_\_\_\_\_