



Client Exercise History Questionnaire

Name:

Date:

D.O.B:

Address:

Cell Number:

E-mail address:

Contact in case of emergency:

Current Weight:

How long at this weight?

Height:

Have you ever had a personal trainer before and where?

What did you like most about working with them?



What did you like least about working with them?

Describe what you would like to accomplish through your fitness program with me.

Aside from technical knowledge and personal attention, what type of motivation do you require and expect from a trainer?

What can we do together to make your exercise program more enjoyable?

Do you own any type of exercise equipment? (Please list):

What are your current leisure activities?

Would you be interested in learning more about fitness, nutrition and lifestyle weight management through reading, watching a video, or listening to an audiocassette?

Please rate your exercise level (beginner, intermediate, expert)

Were you (or are you) a high school or college athlete? If yes, please specify:



Do you have negative feelings toward, or have you ever had any bad experience with a physical activity program? If yes, please explain:

Rate yourself on scale of 1 to 5 (1 indicating the lowest value). Check the appropriate box number that best applies:

Characterize your present athletic ability.

1 2 3 4 5

When you exercise, how important is competition?

1 2 3 4 5

Characterize your present flexibility capacity.

1 2 3 4 5

Do you start exercise programs but then find yourself unable to stick with them?

Yes or No, if yes please describe barriers:

How much time are you willing to devote to an exercise program? (minutes/day) (days/week)

Are you currently involved in regular endurance (cardiovascular) exercise?

No/ yes, specify type(s) of exercise:

What types of exercise interests you? (Please circle all applicable.)

Walking (treadmill/outdoors) Running (treadmill/outdoors) Hiking Swimming

Tennis Golf Cycling Stationary biking Spin classes Rowing

Strength training Yoga Stretching Pilates Dance



What do you want exercise to do for you?

Use the following scale to rate each goal as far as an exercise program:

(1 = not too important 5 = very important)

Improve cardiovascular fitness:

Body-fat weight loss:

Reshape or tone my body:

Build more muscle:

Improve flexibility:

Increase strength:

Increase energy level:

Improve mood and ability to cope with stress:

Feel better/improved health:

Enjoyment:

Anything else I should know about you?