

Exercise Preferences & Movement Assessment

Exercise History & Preferences

Previous Training Experience

Have you worked with a personal trainer before?

☐ Yes

☐ No

If yes, please describe your experience:

Exercise Types

Which types of exercise do you enjoy? (Select all that apply)

☐ Strength Training

☐ High-Intensity Interval Training (HIIT)

☐ Cardiovascular Training

☐ Yoga

☐ Pilates

☐ Martial Arts

☐ Swimming

☐ Outdoor Training

☐ Functional Training

Other (please specify):

Exercise Aversions

Are there any exercises or activities you specifically wish to avoid?

Training Structure Preferences

Which training approach do you prefer?

☐ Highly Structured (detailed plans, specific exercises)

- ☐ Flexible (varied workouts, adaptable plans)
- ☐ Hybrid (mix of structure and flexibility)

Movement & Mobility Assessment

Do you have any mobility issues or limitations?

- ☐ Yes
- ☐ No

If yes, please provide details:

Are there any movements that cause discomfort or pain?

Movement Confidence

Rate your confidence with these fundamental movements (1-5, where 5 is very confident):

Squats:

Deadlifts:

Overhead Pressing:

Pull-ups/Chin-ups:

Push-ups:

Recovery & Lifestyle

Sleep Quality

How would you rate your typical sleep quality?

- ☐ Poor (frequently disrupted, insufficient)
- ☐ Fair (occasionally disrupted)
- ☐ Good (consistent, restful)
- ☐ Excellent (consistent, deeply restful)

Stress Management

How would you rate your daily stress levels?

- ☐ Low (minimal stress)

☐ Moderate (manageable stress)

☐ High (significant stress)

☐ Severe (overwhelming stress)

Recovery Practices

Do you currently engage in any recovery practices?

☐ Stretching

☐ Foam Rolling

☐ Massage

☐ Meditation

☐ Cold/Heat Therapy

Other recovery practices (please specify):