



Personal Trainer: _____

Fitness Assessment Questionnaire

NAME	DATE	CURRENT BF %	GOAL BF %
GENDER	BIRTH DATE	AGE	HEIGHT
CURRENT WEIG		GOAL WEIGHT	
1 -- 2 -- 3 -- 4 -- 5 -- 6 -- 7 -- 8 -- 9 -- 10			

OCCUPATION	SEDENTARY OR ACTIVE WORK DAY	STRESS LEVEL DUE TO WORK
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Health & Medical History. Check all that you currently have or have had in the past:

<input type="checkbox"/> Dizzy Spells	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes/Thyroid Condition
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Asthma/Lung Problems	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Surgery in last 6 months
<input type="checkbox"/> Bone/Joint Problems	<input type="checkbox"/> Spine/Disc Problems	<input type="checkbox"/> Stroke	<input type="checkbox"/> Currently Pregnant
<input type="checkbox"/> Other, Explain: _____			

Family History of conditions listed above: _____

Please answer the following questions accurately and honestly to help us to determine your individual needs.

1. When is the last time you worked out consistently
2. Will this be your first time working with a personal trainer?
3. What is your #1 fitness goal?
4. How many days per week will you be in the gym?
5. Are you currently taking a multi-vitamin?
6. Are you taking any other supplements (Fish Oil, Protein Powder, etc)?
7. On a scale of 1 to 10, how would you rate your knowledge of Strength Training & Nutrition?
8. What has prevented you from reaching your goals in the past? (Circle all that apply)
TIME MONEY LACK OF EXPERTISE MOTIVATION BOREDOM
INJURIES DISCIPLINE PROCRASTINATION LACK OF SUPPORT ACCOUNTABILITY
OTHER: _____
9. How many meals do you eat per day? _____ How many snacks per day? _____ How many sodas per day? _____
How many meals do you eat out weekly? _____ How many ounces of water per day? _____
How many servings of fruits and vegetables per day? _____
10. Do you use tobacco products? _____ How much per day? _____ Do you drink? _____ How many drinks per week?
11. I would like to LOSE FAT IMPROVE HEALTH LOOK BETTER LEARN MORE EXERCISES GAIN MASS
IMPROVE MUSCLE TONE FEEL BETTER IMPROVE STRENGTH OTHER: _____
12. On a scale of 1-10, how serious are you about reaching your goals? 1 -- 2 -- 3 -- 4 -- 5 -- 6 -- 7 -- 8 -- 9 -- 10

RELEASE AND WAIVE OF LIABILITY

Release. I understand and acknowledge that weight, cardiovascular and aerobic training, and related activities can be hazardous and can result in injuries. I assume all risks of injury incurred or suffered while on the premises and RELEASE, DISCHARGE, AND AGREE NOT TO SUE my Personal Trainer for any claim, loss, damages or cause of action which I may have as a result of injuries or health conditions sustained while working with my Personal Trainer, whether or not caused by the negligence of my Personal Trainer.

CLIENT SIGNATURE

DATE