

# Personal Training Consultation Questionnaire

## Part 1. Basic information

### Full Name

First Name

Last Name

### Name

First Name

Last Name

### Gender

Male

Female

### Age

years

### Height

cm

### Weight

KG

## Part 2. Lifestyle Information

What do you do for a living?

**Whats the activity level at your job?**

None (seated only)

High (heavy labor, very active)

Moderate (light activity such as walking)

**Do you follow a regular working schedule, do you work days, afternoon or nights?**

**How often do you travel?**

Rarely

A few times a month

A few times a year

Weekly

**Please list the physical activities that you participate in outside of the gym and outside of work**

**Part 3. Medical and Health Information**

**If you have any diagnosed health problems list the condition(s).**

**If you are on any medications, please list them.**

**What additional therapies are being undertaken for the given health problem(s)?**

**If you have any injuries, please list them.**

**What additional therapies are being undertaken for the given injury?**

**Are you experiencing any stresses or motivational problems?**

Yes

No

**Has anyone of your immediate family developed heart disease before the age of 60?**

Yes

No

**Do any diseases run in your family?**

Yes

No

**Do you suffer from diabetes, asthma, high or low blood pressure?**

Yes

No

**Are you a current cigarette smoker?**

Yes

No

**Your current diet could be best characterized as:**

low-fat  
high-protein  
No special diet

low-carb  
Vegetarian/Vegan

## Part 4. Goals

**Please rate your readiness for change.**

1	2
3	4
5	6
7	8
9	10

**What following goals does best fit in with your goals?**

Improved health  
Improved endurance  
Increased strength  
Increased muscle mass  
Fat loss

**What is your goal with your training? Why?**

**Timeline for achieving your goal.**

	8 WKS	16 WKS	24 WKS	32 WKS	40 WKS	1 YEAR
NOW						

**How often are you willing to train a week to reach your goal?**

**Please rate your motivational level to do what it takes for reach your goal.**

1	2
3	4

5

7

9

6

8

10

**Are you currently excersising regulary (at least 3x per week)?**

Yes

No

**Have you trained with a personal trainer before?**

Yes

No

**At what times during the day would you prefer to train?**

Morning

Afternoon

Other

Mid-Day

Evening

**How often do you want to do Personal Training a week?**

Please Choose

**What are your expectations on me as your Personal Trainer?**

## Please Read The Following Terms and Conditions

### 1.) CANCELLATIONS

Cancellations should be made at least 24 hours in advance of a scheduled session. Sessions cancelled less than 24 hours in advance will be charged in full to the client.

### 2.) LATE ARRIVALS

Each session shall be 1 hour in length. Sessions will not be extended (unless time is available) due to the lateness of the client or due to interruptions caused by the client.

### 3.) ALL THE INFORMATION I HAVE GIVEN IS CORRECT

All the information on this form is correct and to the best of my knowledge. I have sought and followed any necessary medical advice. I understand that all the information given will be kept confidential.

**I AGREE TO THE ABOVE TERMS & CONDITIONS!**

Yes

No