

Client Screening Questionnaire

Name:	Gender:	Date of Birth:
Height:	Weight:	BMI:

Physical Activity Screening

What is your clients occupation?	
How does your client travel to and from their place of work?	
Describe your client's activity levels within their occupation.	
Describe your client's activity levels outside of their occupation.	
Is your client engaging in any physical activity at present? (Team sports, individual sport, gym, running etc.)	
If yes, please describe what is involved and how often a week they are exercising.	
What are your clients exercise preferences?	
When is your client available to engage in their exercise programme? (days of the week, time of the day)	

Goal Setting

What are your client's reasons for taking part in an exercise programme and what would they like to achieve?	
What are your client's barriers to exercise?	
Describe the strategy that you will adopt to help your client overcome these barriers.	
Explain how you will incorporate your client's exercise preferences into their programme to strengthen their motivation and adherence?	
What incentives or rewards will you use with your client to strengthen their motivation and adherence?	
Explain how you will encourage your client to take personal responsibility for their own fitness/motivation and how you will assist them to develop their own strategy for motivation and adherence.	
List the different behaviour change approaches/strategies you will adopt with your client to encourage adherence to exercise/physical activity.	