



PRE-EXERCISE QUESTIONNAIRE

Anti Clock Health & Fitness Services

Membership no : MWC0002

:15/07/2015

Date

Program : ANNUAL HEALTH PLAN Duration : I YEAR End At 15/07/2016

Name : S.SATHISH KUMAR Age 33 Sex ☐ MALE

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To help us understand your needs better and tailor your fitness program appropriately , please answer the following question with a simple

Is this your first time at a fitness center	YES <input type="checkbox"/>	Do you exercise more than 3 days/week	YES
Have you been exercising before	YES <input type="checkbox"/>	Have you participate in any sports activity	YES
If ,yes what type of exercise regime: cardiovascular training, walking etc...	<input type="checkbox"/>	Present / Past injury	NO <input type="checkbox"/>
Strength training (weights etc...)	YES	Have you followed any any diet regime	YES <input type="checkbox"/>
Flexibility training	YES	Is you daily life fairly active	YES
Yoga	NO <input type="checkbox"/>	Are you stressed out at the end of the day	YES <input type="checkbox"/>

Other : PLAYING CRICKET

Fitness Goal		To serve you better,would you like us to	
General fitness and traning	<input type="checkbox"/>	Provide you with individual fitness regime	YES
Weight loss	YES	Monitor and change your regime periodically	YES
Weight gain	<input type="checkbox"/>	Conduct fitness test	YES <input type="checkbox"/>
Sports fitness	YES	Provide you with an individual diet regime	YES
Rehabilitation	YES	Provide personal trainer	YES
Increase strength	YES	Contact you when you miss your training sessions	YES
Increase cardiovascular capacity	<input type="checkbox"/>	Leave you alone to train when it suits you	YES <input type="checkbox"/>

Other : _____