



# PERSONAL TRAINING INFORMATION FORM

*Please Print*

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## Exercise Related Questions

- 1) How often do you take part in physical activity?  5-7x/week  3-4x/week  1-2x/week  None
- 2) How long have you been consistently physically active?  lifetime  past \_\_\_ years  
 past \_\_\_ months  None
- 3) On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)? \_\_\_\_\_
- 4) What cardiovascular exercises/training are you presently involved in?
- 5) What strength training/muscular conditioning are you presently involved in?
- 6) What stretching exercises are you presently involved in?
- 7) What balance exercises are you presently involved in?

## Injuries

Do you have pain or have you injured any of the following areas?

- Neck  Shoulder R/L  Upper Back  Lower Back  
 Elbow R/L  Wrist R/L  Hip R/L  Knee R/L  Ankle R/L  Foot R/L

Please explain:

List and explain any existing medical conditions (i.e. arthritis, asthma, diabetes, heart condition, pregnancy.....):



## Lifestyle Related Questions

- 1) Do you smoke?    YES    NO      2) Do you drink alcohol?    YES    NO
- 3) How many hours do you regularly sleep at night?   \_\_\_\_\_ hours
- 4) Describe your daily activity:    Sedentary    Active    Physically Demanding
- 5) Do you have a job that requires travel?       YES    NO
- 6) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)?   \_\_\_\_\_
- 7) List your 3 biggest sources of stress:

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

## Nutrition Related Questions

1. On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)?   \_\_\_\_\_
2. How many times a day do you usually eat (including snacks)?   \_\_\_\_\_
3. Do you skip meals?    YES    NO      4) Do you eat breakfast?       YES    NO
- 5) Do you eat late at night?       Often    Sometimes    Rarely    Never
- 6) How many glasses of water do you consume daily?   \_\_\_\_\_
- 7) Do you know how many calories you eat per day?    YES    NO    If yes, how many? \_\_\_\_\_
- 8) Are you currently taking a multivitamin or any other food supplements?  
 Yes    No    If yes, please list the supplements:
- 9) At work or school, do you usually:    Eat out    Bring food

- 10) List 3 areas of your Nutrition you would like to improve:

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_



## Goal Setting:

**How can I best help you?** Please check all that apply.

- Lose Body Fat   
  Develop Muscle Tone   
  Rehabilitate an Injury   
  Improve Posture  
 Design an Exercise Program   
  Increase Energy Level   
  Have Fun  
 Sports Specific Training   
  Increase Flexibility   
  Increase Strength   
  Reduce Stress  
 Other:

1) Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?

*In order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure all your goals are 'SMART'.*

*S= Specific (Provide details, how long, how much etc.)*

*M= Measurable (How will you measure whether you've reached your goals)*

*A= Attainable (Be realistic, set smaller goals)*

*R = Rewards-Based (Attach a reward to each goal)*

*T = Time Frame (Set specific dates for goals)*

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

2) How will you feel once you've achieved these goals? Be specific.

3) How committed are you to achieving your fitness goals?  Very     Moderately     Not very

4) What do you think is the most important thing a Personal Trainer can do to help you achieve your fitness goals?

5) Outline what you feel are the obstacles or your potential actions, behaviors, or activities that could impede your progress towards accomplishing your goals (i.e. not training consistently, upcoming vacation, busy season at work, not following the program, allowing other responsibilities to become a priority over exercise, etc.).

Obstacles to achieving your fitness goals	Methods to overcome these obstacles
1.	1.
2.	2.
3.	3.



## Developing your Fitness Schedule

Realistically....

- 1) How often a week would you like to exercise? \_\_\_\_\_x/week
- 2) How much time would you like to spend during each exercise session? \_\_\_\_\_minutes
- 3) What are the best days during the week for you to commit to your exercise program? (*Check all that apply*)  
 Mon    Tue    Wed    Thurs    Fri    Sat    Sun
- 4) What time of day do you prefer to exercise:  
 MORNING    AFTERNOON    EVENING    SPECIFIC TIME \_\_\_\_\_
- 5) Based on your commitment, how often would you like to see a personal trainer to help you achieve your goals?  
 5x/week    4x/week    3x/week    2x/week    1x/week    1x/2 weeks    Other: \_\_\_\_\_

**CONGRATULATIONS! YOU ARE WELL ON YOUR WAY TO ACHIEVING YOUR FITNESS AND HEALTH-RELATED GOALS!!!**