Personal Training Questionnaire

PERSONAL INFORMATION

Full Name: _____ **Date of Birth:** _____ dd / mm / yyyy

Gender:

◯ Male ◯ Female ◯ Other

Email Address: _____ **Phone Number:** _____

I. PHYSICAL ACTIVITY READINESS

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

◯ Yes ◯ No

2. Do you feel pain in your chest when you do physical activity?

◯ Yes ◯ No

3. In the past month, have you had chest pain when you were not doing physical activity?

◯ Yes ◯ No

4. Do you lose your balance because of dizziness, or do you ever lose consciousness?

◯ Yes ◯ No

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

◯ Yes ◯ No

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

◯ Yes ◯ No

7. Do you know of any other reason why you should not do physical activity?

◯ Yes ◯ No

II. GENERAL MEDICAL HISTORY

1. Do you have any chronic diseases or conditions?

◯ Yes ◯ No

1. If yes, please specify:

2. Are you currently taking any medications?

◯ Yes ◯ No

2. If yes, please list them and state reasons for use:

3. Do you have any joint or muscle issues that could affect your training?

◯ Yes ◯ No

3. If yes, please specify:

4. Do you lose your balance because of dizziness, or do you ever lose consciousness?

◯ Yes ◯ No

4. If yes, please describe:

III. FITNESS HISTORY

1. Have you previously engaged in any fitness training?

◯ Yes ◯ No

1. If yes, please describe what you did and for how long:

2. Have you ever worked with a personal trainer before?

◯ Yes ◯ No

2. If yes, please share what you liked or disliked about the experience:

3. What are your fitness goals?

IV. LIFESTYLE

Please describe your current level of physical activity:

How would you describe your current diet?

Do you have any dietary restrictions or preferences?

How many hours do you typically sleep per night?: _____

Do you have any stress management practices?

V. PREFERENCES AND AVAILABILITY

What days and times are you available for training sessions?

Do you prefer indoor or outdoor workouts or a combination of both?

◯ Indoor ◯ Outdoor ◯ Combination

What types of exercise are you interested in or enjoy?

What are your short-term and long-term fitness goals?

VI. CONSENT AND ACKNOWLEDGMENT

1. Do you consent to periodic fitness assessments to track progress?

◯ Yes ◯ No

2. Do you acknowledge and accept the inherent risks involved in physical exercise?

◯ Yes ◯ No

Signature:
Date: _____ dd / mm / yyyy