Pre Exercise Questionnaire

Name:_____

Address:_____

Email:_____

Phone No: _____ _____ _____
Home Work Mobile

DOB: ____/_____/_____ Occupation: _____ Sex: M/F

Have you had a Personal Trainer Before? Yes No

If Yes:
What made you stop with your trainer?
_____

_____

If No:
What interests you in getting a trainer?
_____

_____

Are You Presently Exercising?

IF YES:
What Type of Exercise? _____
_____
How many times a week? _____
How long for? _____
Have you been consistent? YES NO
Are you achieving your results? YES NO

IF NO:
Have you ever exercised? Y/N

Why did you stop?
_____
_____

If YES, what encouraged you to do personal training? _____

If NO, what is preventing you from your results? _____

What are your main health and fitness goals?
1_____
2_____
3_____

( ) Reduce body Fat ( ) Stress Management ( ) Sports Conditioning
( ) Improve Muscle Tone ( ) Rehabilitation ( ) Strength Training
( ) Increased Endurance ( ) Increased Muscle Mass

When do you want to achieve these goals by? _____
How many Personal Training sessions per week can you commit to? _____
On scale of 1-10, how important is it to reach these goals? _____

What has kept you from starting sooner? (Please Circle)
*Work *Procrastination *Family Commitments *Money
*No Time/Busy *Lack of Motivation *Transport *Injury/Illness

Is this still a problem? YES NO

Are you currently on any medication? YES NO

If yes, please describe:_____

Signed: _____ Date: _____
Client

©MR & MRS FIT 2009 www.MrandMrsFit.com.au info@mrandmrsfit.com.au ABN: 77261482637