

Personal Training Questionnaire

| Personal Information |
|-----------------------------|
| Full Name: |
| Date of Birth (mm/dd/yyyy): |
| Gender: |
| Email Address: |
| Phone Number: |

| I. Physical Activity Readiness | Yes | No |
|---|-----|----|
| 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | | |
| 2. Do you feel pain in your chest when you do physical activity? | | |
| 3. In the past month, have you had chest pain when you were not doing physical activity? | | |
| 4. Do you lose your balance because of dizziness, or do you ever lose consciousness? | | |
| 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? | | |
| 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? | | |
| 7. Do you know of any other reason why you should not do physical activity? | | |

| II. General Medical History | Yes | No |
|--|-----|----|
| 1. Do you have any chronic diseases or conditions? (e.g., heart disease, diabetes, respiratory issues) If yes, please specify: | | |
| 2. Are you currently taking any medications? If yes, please list them and state reasons for us: | | |

| II. General Medical History | Yes | No |
|---|-----|----|
| 3. Do you have any joint or muscle issues that could affect your training? If yes, please specify: | | |
| 4. Do you lose your balance because of dizziness, or do you ever lose consciousness? If yes, please describe: | | |

| III. Fitness History | Yes | No |
|---|-----|----|
| 1. Have you previously engaged in any fitness training? If yes, please describe what you did and for how long: | | |
| 2. Have you ever worked with a personal trainer before? 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? |
| |

IV. Lifestyle

Do you have any dietary restrictions or preferences? (e.g., vegetarian, gluten-free)

How many hours do you typically sleep per night?

Do you have any stress management practices? (e.g., meditation, yoga)

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? (e.g., resistance training, cardio, flexibility exercises)

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

VI. Consent and Acknowledgment

Yes

No

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

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

Signature

Date: