

Personal Fitness Questionnaire

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail: _____

Emergency Contact: _____

Age: _____ Height: _____ Weight: _____

What are your Fitness goals? (Check top 3 most important goals)

- Create a Healthy Lifestyle
- Improve Overall Health
- Decrease Body Fat
- Reduce Stress
- Feel Better
- Increase Flexibility
- Maintain a Healthy Weight
- Increase Endurance
- Tone Muscles
- Increase Strength & Power
- Improve Speed/Agility
- Improve Athletic Performance

Other: _____

What is keeping you from achieving your Fitness goals? (Check all that apply)

- Lack of Motivation
- Hitting a Plateau
- Time
- Self Conscious
- Lack of Results
- Lack of Equipment
- Not Knowing Where/How to Begin

Other: _____

What motivates you? (Check all that apply)

- Seeing Results
- Accountability
- Having Fun
- Feeling Better
- Praise/Rewards

Other: _____

Do you follow a current exercise regime? Yes No
If yes, please explain.

Are there any physical limitations that would inhibit or limit your participation in an exercise program?

Have you ever done personal training before? Yes No:
If yes, please Explain: (How long ago? Was your experience beneficial?)

What do you expect from a personal trainer?

Please list any other information your trainer may find useful in preparing a workout routine for you:



What activities/exercises do you currently participate in? (Check all that apply)

- Running/Walking
- Biking
- Swimming
- Outdoor Activities
- Recreational Activities
- Golf
- Aerobics
- Dance
- Yoga/Pilates
- Martial Arts
- Calisthenics
- Strength Circuit
- Free Weights
- Resistance Training
- Athletics: If so, what _____
- Other: _____

What is your current activity level?

- None
- Little (Less than one hour a week)
- Moderate (1-5 hours a week)
- High (Over 5 hrs. a week)

What activities/exercises did you participate in the past? (Check all that apply)

- Running/Walking
- Biking
- Swimming
- Outdoor Activities
- Recreational Activities
- Golf
- Strength Circuit
- Free Weights
- Resistance Training
- Athletics: Which Sports _____



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Other:

What was your past activity level?

- None
- Little (Less than one hour a week)
- Moderate (1-5 hours a week)
- High (Over 5 hrs. a week)

