Your Logo Here

**Client Information Questionnaire**

Please fill in this client assessment questionnaire as accurately as possible. It will provide necessary information that a personal trainer needs to know before the initial assessment.

Return it at least **three days** before your first scheduled assessment appointment. Please note that all information in this form is treated with the strictest confidentiality.

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**Personal Details**

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| **Name** |  |
| **Date of birth** |  |
| **Age** |  |
| **Full address** |  |
| **Email address** |  |
| **Contact number** |  |
| **Occupation** |  |
| **Next of kin** |  |
| **Contact number** |  |
| **Relationship** |  |
| **Doctor’s name** |  |
| **Doctor’s contact number** |  |

Please note, a personal trainer may send information to seek advice and get a go-ahead pertaining to your physical exercise program to your doctor unless you specifically instruct them not to.

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Answer the following questions by checking either YES or NO (where applicable).

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| **Lifestyle questions** |

1. **Do you smoke?** \_\_\_\_\_\_  **If so, how many cigarettes per day do you smoke?** \_\_\_\_\_\_
2. **Do you drink alcohol?** \_\_\_\_\_\_ **If so, how many units do you drink per day?** \_\_\_\_\_\_

**3. On average, how many hours of sleep do you get each night?**

**4. Describe how active your work is each day. Please mark the appropriate answer**

**with an X.**

Sedentary (I sit most of the day) \_\_\_\_\_\_\_ Active (I walk alot) \_\_\_\_\_\_\_

Physically demanding (I am extremely active during the day) \_\_\_\_\_\_\_

**5. Using a scale of 1 (low) to 10 (high), rate your stress levels** \_\_\_\_\_\_

**6. Name three things that cause you the most stress**

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**7. Do you consider yourself to be overweight? \_\_\_\_\_\_**

**8. Are any of your family members overweight? \_\_\_\_\_\_**

If so, who? Parents \_\_\_\_\_\_ Siblings \_\_\_\_\_\_ Grandparents \_\_\_\_\_\_ Other \_\_\_\_\_\_\_

**9. Did you ever struggle with your weight as a child? \_\_\_\_\_\_**

If so, at what ages were you overweight? \_\_\_\_\_\_\_\_

**10. Do you suffer from any medical issues or diseases? \_\_\_\_\_ If so, please list below.**

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**11. Do any of your family members suffer from any medical issues or diseases?\_\_\_\_**

**If so, please list below.**

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**12. Have you had any skeletal injuries, for example, broken bones?**

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| **Fitness history & exercise questions** |

**1. At what point in your life would you consider yourself to have been the fittest?**

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**2. When last did you exercise consistently?**

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**3. How fit would you consider yourself to be at the moment?**

Extremely fit \_\_\_\_\_\_ Moderately fit \_\_\_\_\_\_ Not fit at all \_\_\_\_\_\_

**4. What made you come to the point that you wanted to make use of the services of**

**a personal trainer?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**5. When you’ve tried to get in shape in the past, what’s stopped your progress?**

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**6. How many times a week do you exercise?**

5 to 7 times a week\_\_\_\_\_\_ 3 to 4 times a week \_\_\_\_\_\_ 1 to 2 times a week \_\_\_\_\_\_

Not at all \_\_\_\_\_\_

**7. If you aren’t exercising as much as you would like, pinpoint the reason why this is**

**the case?**

I struggle to stay interested\_\_\_\_\_\_ I don’t have the time \_\_\_\_\_\_ Injury prevents from

exercising properly \_\_\_\_\_\_ I’m not sure \_\_\_\_\_\_\_

**8. If you are fairly active, for what time period has this taken place over?**

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**9. Do you currently workout in a gym? \_\_\_\_\_\_\_**

**10. If so, what areas do you focus on?**

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| **Nutrition related questions** |

**1. Using a scale of 1 (terrible) to 10 (excellent), rate your nutrition intake in terms of**

**the quality of food you consume (for example, just junk food would score 1) \_\_\_\_\_**

**2. How many regular meals do you eat a day? \_\_\_\_\_\_\_**

**3. Do you snack? \_\_\_\_\_\_ If so, how many times a day? \_\_\_\_\_\_**

**4. Do you skip meals? \_\_\_\_\_\_ If so, how many times per week? \_\_\_\_\_\_**

**5. Do you eat breakfast? \_\_\_\_\_\_**

**6. What time do you normally eat dinner? \_\_\_\_\_\_**

**7. Is late-night eating something that you do often? \_\_\_\_\_\_\_**

**8. When you eat, are you often doing something else like watching a movie? \_\_\_\_\_\_\_**

**If so, what activity is tied to eating the most for you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. Is drinking 8 glasses of water part of your daily routine? \_\_\_\_\_\_\_ If not, how much**

**water do you drink each day? \_\_\_\_\_\_\_\_**

**10. Do you suffer from lower energy levels at points during the day? \_\_\_\_\_\_**

**11. If so, when?**

A few hours after I wake up \_\_\_\_\_\_\_\_\_ From midday onwards \_\_\_\_\_\_\_\_\_\_

Generally in the late afternoon \_\_\_\_\_\_\_ Only towards the end of the evening \_\_\_\_\_\_\_\_

**12. Do you take any supplements? \_\_\_\_\_\_\_\_\_ If so, what do you take? \_\_\_\_\_\_\_\_\_\_\_**

**13. Do you make your own food for school/work? \_\_\_\_\_**

**14. Do you eat out often? \_\_\_\_\_\_ If so, how many times per week? \_\_\_\_\_\_**

**15. Do you shop for your own food? \_\_\_\_\_\_\_ If not, who does? \_\_\_\_\_\_\_**

**16. Do you cook your own food? \_\_\_\_\_\_\_ If not, who does? \_\_\_\_\_\_\_**

**17. Which of these would be reasons why you eat?**

Hunger \_\_\_\_\_\_\_ Anxiety \_\_\_\_\_\_\_\_ Boredom \_\_\_\_\_\_\_\_ Depression \_\_\_\_\_\_\_\_\_

Social pressure \_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_

**18. Do you often feel that you eat too much?**

**No, I eat enough at each sitting \_\_\_\_\_\_\_ Yes, I always more than one plate \_\_\_\_\_\_**

**Every now and again I overeat \_\_\_\_\_\_\_\_**

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| **Fitness goals** |

Giving a personal trainer some ideas as to why you want to workout is the perfect start to setting realistic goals together that can be achieved.

Remember, goals should always be SMART. That means they must be specific, measurable, attainable, rewards-based and have a set time-frame.

**1. Provide three fitness goals that you hope to achieve from working out with the**

**the help of a fitness trainer?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**2. Rate the importance of achieving these goals.**

Very important \_\_\_\_\_\_\_\_\_\_ Semi-important \_\_\_\_\_\_\_\_\_ Not that important \_\_\_\_\_\_\_\_\_

**3. How important is your health to you?**

Not too concerned with it \_\_\_\_\_\_\_\_ Mildly concerned with it \_\_\_\_\_\_\_\_\_\_\_

Very concerned with it \_\_\_\_\_\_\_\_\_\_

**4. How do you think a personal trainer can help you achieve the goals you listed**

**above in question 1?**

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**5. On a scale of 1 (not ready) to 10 (can we start already) rate your readiness level**

**to implement positive changes into your life from a fitness point of view. \_\_\_\_\_\_\_**

**6. What areas would you like to focus on when working with a personal trainer?**

Strength \_\_\_\_\_\_\_ Power \_\_\_\_\_\_\_ Weight loss \_\_\_\_\_\_\_ Endurance \_\_\_\_\_\_\_\_

Cardio \_\_\_\_\_ Agility \_\_\_\_\_ Balance \_\_\_\_ Flexibility \_\_\_\_\_\_ Core stability \_\_\_\_\_\_\_

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| **Your fitness program** |

**1. How often would you like to workout with a personal trainer?**

Once every two weeks \_\_\_\_\_\_\_ Once a week \_\_\_\_\_\_ 1 or 2 sessions per week \_\_\_\_\_\_

3 or 4 sessions per week \_\_\_\_\_\_ 5+ sessions per week \_\_\_\_\_\_

**2. How would you prefer to exercise?**

With just a trainer \_\_\_\_\_\_ With a workout buddy and a trainer \_\_\_\_\_\_\_

In a small group \_\_\_\_\_\_ In a large group \_\_\_\_\_\_ A mix up of all of these \_\_\_\_\_\_\_

**3. Which times do you prefer to exercise?**

5 to 7 am \_\_\_\_\_\_\_\_\_ 9 to 11 am \_\_\_\_\_\_ 12 to 2pm \_\_\_\_\_\_ 4 to 6 pm \_\_\_\_\_

Late evening \_\_\_\_\_\_ Another time slot (please insert) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. How long should each exercise session last?**

**20 minutes \_\_\_\_\_\_ 30 minutes to an hour \_\_\_\_\_ 1+ hour \_\_\_\_\_\_**

**5. What are your preferred days to work out?**

Mon \_\_\_\_\_ Tues \_\_\_\_\_\_ Wed \_\_\_\_\_\_ Thurs \_\_\_\_\_\_ Friday \_\_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I have not only read and understood this questionnaire and what is expected of me in filling it out, but I have completed it truthfully to the best of my knowledge.

**Full Name (print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Witness:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_