



## PERSONAL TRAINING QUESTIONNAIRE

Client Name

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Phone Number: \_\_\_\_\_

Client Address:

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Client's DOB and Age: \_\_\_\_\_

### MEDICAL HISTORY

Any existing injuries, medical conditions, or restrictions from your doctor?

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Do you experience any aches or pains anywhere? If so, what are they and when do they tend to occur?

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Do you currently take any medications (OTC or prescription)? If so, what are they and what are they for?

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Have you ever had a major surgery or injury? If so, does it still impact you today?

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## GOALS

What is your primary reason for embarking on this training program?

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What are your specific goals (aesthetics and performance) for this training program?

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# Days/week willing to train?

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# Days/week willing to exercise?

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How can I best support you?

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Anything you want me to keep in mind as your coach (what motivates you, what you like/don't like, etc)?

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## EXERCISE HABITS

Exercise routine (#days/week, intensity, exercise type, etc)

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From here on out, what do you want your exercise routine to be (#days, intensity, type, etc)?

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## LIFESTYLE

What is your occupation and what does that mean from physical activity standpoint (% of day spent sitting)?

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Avg # hours/worked per week? \_\_\_\_\_ Stress Level from 1 (no stress) to 10 (severe stress) \_\_\_\_\_

What are the various sources of stress, and how would you rank them?

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How long has your stress level been at this level? Prior to that, was it higher/ lower? Why?

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How much time (if any) do you devote to mind-clearing relaxation activities? If so, what do you do?

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How many hours of sleep/night do you typically get? \_\_\_\_\_ How many would you like to get? \_\_\_\_\_

## NUTRITION

How much water do you drink per day?

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What other fluids do you typically consume per day and how much (coffee, tea, soda, wine, etc)? What do you typically drink with meals?

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Do you currently follow a specific diet? (Paleo, low carb, low fat, intermittent fasting etc)

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