



Client Exercise History Questionnaire

Name: _____ DOB: _____

Address: _____ City/ZIP: _____

Home phone: _____ Cell: _____

E-mail: _____

Emergency contact: _____

Current weight: _____ How long at this weight? _____ Height: _____

What are your current leisure activities?

Do you own any exercise equipment?

What kind of motivation do you require and expect from a personal trainer?

Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:

_____ 13-20 _____ 21-30 _____ 31-40 _____ 41-50 _____ 50+

Were you (are you) a college athlete? If yes, please specify:

On a 10 point scale, rate each of the following goals for an exercise program designed for you. "1" is not important at all, "10" is a top priority.

- Improve cardiovascular fitness: _____
- Body fat weight loss: _____
- Reshape or tone my body: _____
- Build more muscle: _____
- Improve flexibility: _____
- Increase strength: _____
- Increase energy level: _____
- Improve performance for sports: _____
- Improve mood: _____
- Reduce stress: _____
- For fun & learning new skills: _____

Anything else I should know about you?
