



Personal Training Client Profile

Name: _____

Date: _____

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6am						X	X
7am						X	X
8am						X	X
9am							
10am							
11am							
12pm							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm						X	
8pm						X	
9pm					X	X	

Please check all available days & times that you are able to train.

Physical Activity

Age: _____ Height: _____ Weight: _____

1. In the past year, how often have you engaged in physical activity?
- Regularly (3-4 times/week) Semi Regularly (1-2 times/week)
 Sporadic (1-2 times/month) None

Please explain your current exercise regime or activities performed in the past: _____

2. When you exercise, rate your perceived exertion:
- Light Fairly Light Somewhat Hard Hard

3. Do you start exercise programs but then find yourself unable to stick with them?
- Yes No

4. What are your personal barriers for not exercising or sticking to a program? _____

5. What types of exercise interest you? *(Please circle all that apply)*
- Walking Jogging Yoga/Pilates
 Cycling Traditional aerobics Strength Training
 Stationarybiking Elliptical striding Racquetsports
 Stair climbing Swimming Other: _____

6. Please list any activities that you don't like: _____

7. Rank your goals in undertaking exercise: *Use the following scale to rate each goal separately:*

Not Important			Somewhat Important				Extremely Important		
1	2	3	4	5	6	7	8	9	10
_____									_____
Improve cardiovascular fitness							Increase strength		
_____									_____
Reduction in Body-fat/Weight							Increase energy level		
_____									_____
Reshape or tone my body							Feel better		
_____									_____
Improve performance for a specific sport							Enjoyment		
_____									_____
Improve moods/ability to cope with stress							Other:		

Improve flexibility									

Health Patterns

- How many meals and/or snacks do you have per day? _____
- On average, how much water do you drink per day? _____
- Do you minimize your intake of sweets, especially candy and soft drinks, and avoid adding sugar to foods? Yes No
- Is your diet well-balanced (including vegetables, fruits, breads, cereals, dairy products, and protein?) Yes No
- Overall do you feel healthy? Yes No
- What are your energy levels like throughout the day? _____

Stress & Social Support

- How do you deal with stress normally? _____
- Do you make decisions with minimum stress and worry? Yes No
- Do you have one or more persons with whom you can discuss personal concerns, worries, or problems? Yes No
- Do you have someone who will be supportive of your health and fitness goals? Yes No

Occupation & Leisure

- What is your present occupation? _____
- Does your occupation require much activity (i.e., walking, getting up & down, carrying things?) _____

- What are your usual leisure activities? _____

Expectations

- Why have you decided to begin or improve your exercise program and hire a personal trainer?

- Specifically describe what goals you like to accomplish through your fitness program during the next:
 - 1 month: _____
 - 4 months: _____
 - 1 year: _____
- What are you looking forward to most about starting a personal training program?

