

# Personal Training Questionnaire



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Preferred Trainer Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ No Preference \_\_\_\_\_

Describe your Fitness Background (Do you work out regularly? Did you play any sports? What kind of training are you accustomed to?)

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What are your goals for getting personal training? (Weight loss, strength, power, muscular endurance, cardio fitness, flexibility, agility, core stability, balance, self-confidence, etc.)

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What is your available time and days for exercise?

Days: M T W Th F Sat Sun

Time: AM \_\_\_\_\_ PM \_\_\_\_\_

Any special considerations or requests? (Medical or otherwise)

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