



1 TO 1 PERSONAL TRAINING

Lifestyle questionnaire

Personal details

Name

Doctor's name

Date of birth

Doctor's phone number

Address

Emergency contact name and phone number

.....

.....

.....

.....

.....

.....

What is your occupation?

How will this influence your ability to exercise?

Do you have any regular social or personal time commitments?

.....

Is there anything else which you do that will affect the time you have available for exercise?

.....

.....

.....

Having blocked out these times in your diary, when are you able to commit to training sessions?

.....

.....

.....

How many sessions do you think you will be able to attend each week?

What times are most convenient?

How many of these sessions would you like to do with a personal trainer?

.....

Lifestyle habits

Do you smoke? Y N What do you smoke?

How much do you smoke?

Do you want to change this?

Have you tried to change this in the past?

What happened?

.....

.....

Are you aware of the effect this has on your health and ability to exercise?

.....



1 TO 1 PERSONAL TRAINING

Lifestyle questionnaire

Do you drink alcohol? Y N

On average how much do you drink in a week?

What do you usually drink?

Have you considered changing the amount you drink?

Are you aware of the effect of alcoholic drinks on your health, ability to exercise and to lose weight?

Do you use any recreational drugs? Y N What do you take and how often?

Are you aware of their effect on your body and how they may impact on your ability to exercise, increase health risks of exercising, or the outcome of your training program?

Are you currently doing any exercise or sports? Y N What exercise have you done in the past?

What types of exercise do you enjoy?

Is there anything you dislike doing?