



Exercise History and Health Questionnaire

Personal Background Information:

Name: _____ Date of Birth or Age: _____

Phone # (w) _____ (h) _____ (cell) _____

Email: _____

Place of Employment: _____ Occupation: _____

Exercise History:

How many times a week do you currently workout? _____

If you are not currently working out, why? _____

Are your activities generally aerobic _____ anaerobic (weight lifting) _____ or both _____?

Please list what you would do (consecutively) when you workout (with duration and frequency):

1) _____

2) _____

3) _____

Are there any activities that cause you discomfort? Yes _____ No _____

If you answered yes please list: _____

Have you had any previous health club experience? Yes _____ No _____

If yes, where? _____

Do you have fitness equipment/products for your home or office? Yes _____ No _____

If yes, what do you have? _____

Overall fitness goals (what would you like to achieve in the next two months of working out?):

Would you like to change your current weight? (+) _____ Lbs. or (-) _____ Lbs.

Are you interested in a nutrition consultation as well? Yes _____ No _____ (This is recommended if weight loss is part of your goal.)

Have you ever had your body composition analyzed before? Yes _____ No _____

Would you like to have a body composition analysis (skin fold caliper test), and/or measurements taken before your first personal training session? Yes _____ No _____