

# PERSONAL TRAINING QUESTIONNAIRE

## Client Information

1. Full Name: \_\_\_\_\_
  2. Date of Birth (DD/MM/YYYY): \_\_\_\_\_
  3. Contact Number: \_\_\_\_\_
  4. Email Address: \_\_\_\_\_
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## Fitness Goals & History

5. What are your primary fitness objectives? (Please tick all that apply)

1.  Weight Loss
2.  Muscle Gain
3.  Flexibility/Stretching
4.  Cardiovascular Endurance
5.  Sport-Specific Training
6.  Rehabilitation
7.  Other: \_\_\_\_\_

6. Have you previously worked with a personal trainer?

1.  Yes
2.  No

If yes, please describe the experience: \_\_\_\_\_

7. Describe your current level of physical activity (e.g., sedentary, lightly active, very active): \_\_\_\_\_

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## Medical History

8. List any past injuries or surgeries:

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9. Are there any medical conditions or medications I should be aware of?

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## Lifestyle & Habits

10. On average, how many hours of sleep do you get each night? \_\_\_\_\_

11. Describe your current dietary habits:

12. How would you rate your current stress levels on a scale of 1-10? \_\_\_\_\_

13. What are your main sources of stress?

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## Training Preferences

14. How many days a week are you looking to train? \_\_\_\_\_

15. Do you have a preference for workout times (morning, afternoon, evening)? \_\_\_\_\_

16. Are there specific exercises or activities you want to avoid?

17. How do you best learn new information or exercises? (Please tick all that apply)

1.  Visual (seeing it done)

2.  Auditory (hearing instructions)

3.  Kinesthetic (doing it yourself)

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## Feedback & Communication

18. How do you prefer to receive feedback during our sessions? (e.g., direct, supportive, written)

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notes) \_\_\_\_\_  
\_\_\_\_\_

19. What motivates you the most? (e.g., seeing results, positive reinforcement, challenging goals) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Miscellaneous

20. What are your favorite hobbies or activities outside of fitness?  
21. Are there any other concerns, questions, or information you feel I should know about?  
\_\_\_\_\_  
\_\_\_\_\_

## Consent

I, \_\_\_\_\_ (Client Name), confirm that all the information I've provided is accurate to the best of my knowledge. I understand the importance of sharing accurate health and fitness-related details with my personal trainer to ensure a safe and effective exercise program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_