

Figure for Exercise
CONFIDENTIAL CLIENT QUESTIONNAIRE

Name: _____ **Date** _____
Birthday: _____

Lifestyle Related Questions:

- 1) Do you smoke? YES NO If yes, how many? _____
- 2) Do you drink alcohol? YES NO If yes, how many glasses per week? _____
- 3) How many hours do you regularly sleep at night? _____
- 4) Describe your job: Sedentary Active Physically Demanding
- 5) Does your job require travel? YES NO
- 6) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)? _____
- 7) List your 3 biggest sources of stress:
a. _____ b. _____ c. _____
- 8) Is anyone in your family overweight? Mother Father Sibling Grandparent
- 9) Were you overweight as a child? YES NO
If yes, at what age(s)? _____
- 10) Is there diabetes or cardiovascular disease in your immediate family? YES NO
If yes, Mother Father Sibling Grandparent

Fitness History:

- 1) When in your life were you the most fit? _____
- 2) Have you been exercising consistently for the past 3 months? YES NO
- 3) When did you first start thinking about getting in shape? _____
- 4) What if anything stopped you in the past? _____
- 5) On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)? _____

Nutrition Related Questions

- 1) On a scale of 1-10, how would you rate the nutritional value of your food intake?
(1=very poor 10=excellent)? _____
- 2) How many times a day do you usually eat (including snacks)? _____
- 3) Do you skip meals? YES NO

- 4) Do you eat breakfast? YES NO
- 5) Have you ever kept a food diary or used a food app? YES NO
- 6) What activities do you engage in while eating? (TV, reading etc) _____
- 7) How many glasses of water do you consume daily? _____
- 8) Do you feel drops in your energy levels throughout the day? YES NO
If yes, when? _____
- 9) Do you know how many calories you eat per day? YES NO
If yes, how many? _____
- 10) Are you currently or have you ever taken a multivitamin or any other food supplements?
YES NO
If yes, please list the supplements:

- 11) At work or school, do you usually: Eat out Bring food
- 12) How many times per week do you eat out? _____
- 13) Do you do your own grocery shopping? YES NO
- 14) Do you do your own cooking? YES NO
- 15) Besides hunger, what other reason(s) do you eat?
Boredom Social Stressed
Tired Depressed Happy Nervous
- 16) Do you eat past the point of fullness? Often Sometimes Never
- 17) Do you eat foods high in fat and sugar? Often Sometimes Never
- 18) List 3 areas of your food intake you would like to improve:
a. _____ b. _____ c. _____

Exercise Related Questions:

Please skip to next section if you are presently inactive.

- 1) How often do you take part in physical exercise?
5-7x/week 3-4x/week 1-2x/week
- 2) If your participation is lower than you would like it to be, what are the reasons?
Lack of Interest Illness/Injury
Lack of Time Other _____
- 3) For how long have you been consistently physically active? _____

Continued on the following page.

4) What activities are you presently involved in? Rate the intensity you participate at E/M/H

EXERCISE	Frequency/Week	Avg. Length	Easy/Mod/Hard

List exercises: _____

- 5) Please check all the activities that interest you:
- | | | |
|-------------------------|---------------------------|--------------|
| Baseball | Health | Skiing |
| Basketball | | Snowboarding |
| Boxing | Indoor Cycling | Snowshoeing |
| Cross Country Skiing | Kayaking | Soccer |
| Football | Partner Training | Swimming |
| Golf | Pilates | Tennis |
| Group Personal Training | Private Personal Training | Triathlon |
| Hiking | Racquetball | Volleyball |
| Ice Skating | Rock climbing | Walking |
| Cycling | Running | Yoga |

Developing your Fitness Program:

- Please check how you prefer to exercise:
 - INSIDE OUTSIDE COMBINATION HOME
 - LARGE GROUPS SMALL GROUPS ALONE COMBINATION
 - MORNING AFTERNOON EVENING
- Realistically**, how often a week would you like to exercise? _____x/week
- Realistically**, how much time would you like to spend during each exercise session? _____
- What are the best days during the week for you to commit to your exercise program?
 M T W T F S S
- If you could design your own exercise program, what would an ideal training week look like to you? Please be specific. List your favorite activities, rest days, time spent etc.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Continued on the following page.

Goal Setting:

In order to increase your chances of success at achieving your goals, a certain protocol should be followed. Please ensure all your goals are 'SMART'.

S = Specific (Provide details, how long, how much etc.)

M = Measurable (How will you measure whether you've reached your goals)

A = Attainable (Be realistic, set smaller goals)

R = Rewards-Based (Attach a reward to each goal)

T = Time Frame (Set specific dates for goals)

1. Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months? Let's keep this list positive and focused.

a) _____

b) _____

c) _____

2. How will you feel once you've achieved these goals? Be specific.

3. Where do you rate health in your life?

Low priority

Medium Priority

High priority

4. Describe how important it is to get underway towards achieving your fitness goals?

5. What do you think the most important thing your Personal Trainer can do to help you achieve your fitness goals?

6. Outline what you feel are the obstacles or your potential actions, behaviors or activities that could impede your progress towards accomplishing your goals (i.e. not training consistently, upcoming vacation, busy season at work, not following the program, allowing other responsibilities to become a priority over exercise etc.).

7. Outline 3 methods that you plan to use to overcome these obstacles:

a. _____ b. _____ c. _____

Miscellaneous Questions:

- 1. How did you hear about this opportunity?
- 2. If you were referred to me, who told you about my services?

- 4. Tell me about yourself in a few sentences.

- 4. Where do you work? _____

- 5. Which news sources do you read? _____

- 6. Which radio station(s) do you listen to? _____

- 7. Which magazine(s) blogs do you read? _____

- 8. Which TV show(s) do you watch? _____

- 9. Do you have a Facebook profile? Yes No
 If yes, how much time do you spend there? _____

When complete, please email this form to
ruth@figureforexercise.com