

TW Fitness + Health Client Questionnaire

Name: _____ Date: _____

Address: _____ City/State _____ Zip _____

Email: _____ Phone #: _____

- 1) Please rate your exercise level on a scale of 1 to 5 (1 - low activity/ 5- high activity) for each age group range through your present age:

15-20 _____ 21-30 _____ 31-40 _____ 41-50 _____ 51-60 _____ 60+ _____

- 2) Were you a High School &/or College Athlete? Yes or No

If yes, please explain _____

- 3) Rate yourself on a scale of 1 to 5 (1 low & 5 high) Circle the # that best applies.

Present fitness/athletic ability 1 2 3 4 5

How important is competition 1 2 3 4 5

Present cardiovascular capacity 1 2 3 4 5

Present muscular capacity 1 2 3 4 5

Present flexibility capacity 1 2 3 4 5

- 4) Have you started an exercise program/workout class and found yourself unable to stick with it? Yes or No Why? _____

- 5) Have you had any negative feelings or bad experience(s) with exercise program, workout classes, fitness testing and/or evaluations? Yes or No

If yes, please explain _____

- 6) How much time are you willing to devote to an exercise program &/or weekly classes? _____ mins/day _____ days/week

- 7) Is there anything in your lifestyle or current work situation that would interfere with you starting an exercise program? Yes or No

If yes, please explain _____

If you're currently exercising regularly please answer the next questions or skip to #10.

- 8) How long have you been exercising regularly? _____ months _____ years

- 9) Are you currently involved in any type of regular cardio endurance exercise?

Yes or No If yes, what type _____

Rate your exertion level of the mentioned cardio exercise. Circle the number.

Light Fairly Light Somewhat Hard Hard

10) What other exercise, sport, or activities have you participated in the past?
6 months? _____ 5 Years? _____

11) What other various types of exercise/sports interest you? Circle all options.

Walking Run/Jog Aerobics Kick Boxing Yoga Pilates HIIT
Cycling Swimming Boot Camp TRX Strength Training Tennis
PiYo Zumba Dancing Hiking Body Toning Golf
Meditation Crossfit Rock Climbing Group Classes Cardio Equip
Other: _____

12) What fitness + health goals do you want to set for yourself? _____

Use the following scale to rate each goal separately:

Not as important Somewhat important Very important

1 2 3 4 5 6 7 8 9 10

Improve cardiovascular fitness _____
Lose weight/body fat _____
Reshape or tone my body _____
Improve performance for specific sport _____
Improve mood & ability to cope w/ stress _____
Improve flexibility _____
Improve strength _____
Improve balance _____
Increase energy levels _____
Social Interaction & enjoyment _____
Decrease pain & feel better _____
Feel better overall _____
Other _____

15) Are you committed to your Fitness + Health program goals? Yes, No or Somewhat

16) What would be the best days/times _____

17) If you are wanting to change your weight, how much? (+) _____ lbs. (-) _____ lbs.

18) Would you like to set up a Nutrition Consult with your Trainer? Yes or No

19) Are you interested in our weekly studio classes? Yes or No

Print/Sign Name _____

I am excited & committed in changing my lifestyle habits to reach my fitness & health goals!!!