



Personal Trainer Client Questionnaire

Client Information

1. Full Name: _____
2. Date of Birth (DD/MM/YYYY): _____
3. Contact Number: _____
4. Email Address: _____

Fitness Goals & History

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

- Weight Loss
- Muscle Gain
- Flexibility/Stretching
- Cardiovascular Endurance
- Sport-Specific Training
- Rehabilitation
- Other: _____

Have you previously worked with a personal trainer?

- Yes
- No

If yes, please describe the experience: _____

- Describe your current level of physical activity (e.g., sedentary, lightly active, very active): _____

Medical History

- List any past injuries or surgeries:
- Are there any medical conditions or medications I should be aware of?

Lifestyle & Habits

- On average, how many hours of sleep do you get each night? _____
- Describe your current dietary habits:
- How would you rate your current stress levels on a scale of 1-10? _____
- What are your main sources of stress?

Training Preferences

0. How many days a week are you looking to train? _____
0. Do you have a preference for workout times (morning, afternoon, evening)? _____
0. Are there specific exercises or activities you want to avoid?
0. How do you best learn new information or exercises? (Please tick all that apply)
 0. Visual (seeing it done)
 0. Auditory (hearing instructions)
 0. Kinesthetic (doing it yourself)

Feedback & Communication

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

- What motivates you the most? (e.g., seeing results, positive reinforcement, challenging goals) _____

Miscellaneous

- What are your favourite hobbies or activities outside of fitness?
- 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: _____