



## PERSONAL TRAINING CLIENT INFORMATION QUESTIONNAIRE

NOTE: Please complete prior to your first session

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### OFFICE USE ONLY:

Body Weight: \_\_\_\_\_

Body Fat: \_\_\_\_\_

BMI: \_\_\_\_\_

Max Push Ups: \_\_\_\_\_

Max Pull Ups: \_\_\_\_\_

Max Iso Squat: \_\_\_\_\_

Max Crunches (1 min): \_\_\_\_\_

(403) 225-9701  
calgarystudio@strivefitness.ca  
www.strivefitness.ca

# CLIENT INFORMATION QUESTIONNAIRE

*Please complete and return to your Personal Trainer at the beginning of your first scheduled session.*

All information received on this form will be treated as strictly confidential. Please fill out the forms **completely and accurately**. This information is essential to helping your trainer develop a program that addresses your needs, goals and interests and is safe and effective.

Name: _____	Date of Birth	____/____/____	Age: _____
		M    D    Y	
Address: _____			
Street	City	Province	Postal Code
Phone: _____	(h) _____	(o) _____	(fax) _____
Email address: _____			
Occupation: _____			
Emergency Contact: _____	Relationship: _____		
Phone Number: _____			
Physician's Name: _____	Physician's Phone: _____		
Physician's Address: _____			
Street	City	State	Zip Code

**Please provide 48 hours notice if you need to cancel or reschedule your Personal Training appointment.**

Strive Fitness and Sport Training  
p. (403)225-9701  
calgarystudio@strivefitness.ca    www.strivefitness.ca

Personal Trainer: _____
1 <sup>st</sup> Appointment: _____

# PAR-Q FORM

Please mark YES or No to the following:

YES

NO

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? \_\_\_\_\_

Do you frequently have pains in your chest when you perform physical activity? \_\_\_\_\_

Have you had chest pain when you were not doing physical activity? \_\_\_\_\_

Do you lose your balance due to dizziness or do you ever lose consciousness? \_\_\_\_\_

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? \_\_\_\_\_

Are you pregnant now or have given birth within the last 6 months? \_\_\_\_\_

Have you had a recent surgery? \_\_\_\_\_

If you have marked YES to any of the above, please elaborate below:

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Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No

What is the medication for? \_\_\_\_\_

How does this medication affect your ability to exercise or achieve your fitness goals?

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## 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: m Sedentary m Active m 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? mMother mFather mSibling mGrandparent

9) Were you overweight as a child? YES NO If yes, at what age(s)? \_\_\_\_\_

## Fitness History:

1) When were you in the best shape of your life? \_\_\_\_\_

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 your Nutrition (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) Do you eat late at night?    m Sometimes    m Often    m Never

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? Y N  
If yes, please list the supplements:

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11) At work or school, do you usually:    m Eat out    m 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?

m Boredom    m Social    m Stressed    m Tired    m Depressed    m Happy    m Nervous

16) Do you eat past the point of fullness? m Often    m Sometimes    m Never

17) Do you eat foods high in fat and sugar? m Often    m Sometimes    m Never

18) List 3 areas of your Nutrition you would like to improve:

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

**Exercise Related Questions:** 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) How long have you been consistently physically active for? \_\_\_\_\_

4) Please circle all the activities that interest you:

- |               |                  |             |
|---------------|------------------|-------------|
| Aerobic       | Indoor Cycling   | Snowshoeing |
| Fitness       |                  |             |
| Classes       |                  |             |
| Baseball      | Kayaking         | Soccer      |
| Basketball    | Partner Training | Swimming    |
| Boxing        | Pilates          | Tennis      |
| Cross Country | Private Personal | Triathlon   |
| Skiing        | Training         |             |
| Football      | Racquetball      | Volleyball  |
| Golf          | Rockclimbing     | Walking     |
| Group         | Running          | Wallyball   |
| Personal      |                  |             |
| Training      |                  |             |
| Hiking        | Skiing           | White Water |
|               |                  | Rafting     |
| Ice Skating   | Snowboarding     | Yoga        |

**Developing your Fitness Program:**

1. Please circle how you prefer to exercise:

- a)    INSIDE            OUTSIDE            COMBINATION
- b)    LARGE GROUPS    SMALL GROUPS    ALONE            COMBINATION
- c)    MORNING    AFTERNOON    EVENING

2. Realistically, how often a week would you like to exercise? \_\_\_\_\_x/week

3. Realistically, how much time would you like to spend during each exercise session? \_\_\_\_\_

4. What are the best days during the week for you to commit to your exercise program?

M    T    W    T    F    S    S

5. 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

## Goal Setting:

How can a Personal Trainer help you? Please check that which applies.

Lose Body Fat     Develop Muscle Tone     Rehabilitate an Injury     Nutrition Education  
 Start an Exercise Program     Design a more advanced program     Safety  
 Sports Specific Training     Increase Muscle Size     Fun     Motivation  
Other \_\_\_\_\_

1. Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

2. How will you feel once you've achieved these goals?  B  cific.

3. Where do you rate health in your life?  Low priority     Medium Priority     High priority

4. How committed are you to achieving your fitness goals?  Very     Semi     Not very

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

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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 exerci etc.).

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

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

**Miscellaneous Questions:**

1. How did you hear about us? Please check that which applies.

Brochure  Word of Mouth  Yellow Pages  
 Website  Other \_\_\_\_\_

2. If you were referred to us, who told you about our services?  
\_\_\_\_\_

3. Why did you choose to train with Strive Fitness instead of another organization? Please check that which applies.

Location  Personal Trainers  Cost  Customer Service  Word of Mouth  Programs  
 Other \_\_\_\_\_

4. How far do you live from our training studio? \_\_\_\_\_ kilometers

5. Which newspaper(s) do you read? \_\_\_\_\_

6. Which radio station(s) do you listen to? \_\_\_\_\_

7. Which local magazine(s) do you read? \_\_\_\_\_

8. Which local morning TV show do you watch? \_\_\_\_\_

9. What would cause you to discontinue training with Strive Fitness?  
\_\_\_\_\_

10. The Gift of Fitness:

At Strive Fitness we rely on happy clients telling others about our services. We may both be able to make a huge difference in somebody's life. Please take the time to jot down the names of 2 friends who you would like to offer a complimentary consultation to. Once you discuss this with them, we'll call them and book them for their first session.

Name	Phone
i. _____	_____
ii. _____	_____

# Readiness

At Strive Fitness we generally know within a few minutes whether a client will succeed easily or not. If a client accepts our recommendations for changes to their exercise or nutrition program immediately and unconditionally, we know we will achieve success easily. If a client begins to make excuses or give reasons they feel they will not be able to adhere to the program, we can generally expect struggles throughout the process. We supply the following questionnaires to clients to help us determine where they are on the readiness scale. If you score low, this may not be the best time for you to initiate major changes to your lifestyle. It does not mean, however, that you cannot begin an exercise program. You can still initiate the program and start to develop patterns, but you should have lower expectations of yourself. If you score moderately, expect a few struggles on route towards your goals. If you score high, this is the perfect time for you to begin taking action towards your goals.

## Readiness questionnaire I

	Yes	No
1. Do you feel you are at some sort of health risk because of your current behaviors/lifestyle?		
2. Do you feel that making lifestyle changes will improve your quality of life and decrease your risk of health-related disorders?		
3. Do you view your health and fitness program as a lifetime goal rather than a short-term temporary goal?		
4. Are you willing to get personally involved in planning a health and fitness program?		
5. Are you willing to try different approaches?		
6. Do you have the patience to accept success in small increments and deal with possible setbacks?		
7. Are you willing to set realistic goals?		
8. Are you willing to make lifestyle changes?		

*If you answered yes to all these questions, you are ready for action! If you said no to one or more of the questions, you might experience resistance as you begin to initiate many of the actions required to achieve your goals. It may be helpful for you to review what is really important to you and learn more about the negative effects of your current behavior and the benefits of change.*

## Readiness questionnaire II

	1				5
1. Compared to previous attempts, how motivated are you this time to adhere to your exercise program?	Not at all motivated				Extremely motivated
2. How certain are you that you will stay committed to an exercise program for the time it will take to reach your goal?	Not at all certain				Extremely certain
3. Considering all outside factors in your life - work, stress, family obligations etc. - to what extent can you tolerate the effort required to stick to a lifetime exercise and nutrition plan?	Cannot tolerate				Can tolerate easily
4. Think honestly about your goals. How realistic are they?	Very unrealistic				Very realistic
5. Do you fantasize about eating a lot of your favorite foods?	Always				Never
6. How confident are you that you can work regular exercise into your daily schedule, starting tomorrow?	Not at all confident				Extremely confident

Score: 6-12: Low motivation    13-25: Moderate motivation    25+: High motivation

**PERSONAL TRAINING PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT**

1) I, \_\_\_\_\_, Wish to participate in the exercise and training program offered by Strive Fitness. I understand that there are inherent risks in participating in a program of strenuous exercise. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. I agree that Strive Fitness shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, or anywhere else outside of the facility) and I expressly release and discharge Strive Fitness, its owners, employees, agents and/or assigns, from all claims, actions, judgments, and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

2) I certify that the answers to the questions outline the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform my Personal Trainer of any conditions or changes in my health, now and on-going which might affect my ability to exercise safely and with minimal risk of injury.

3) I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer.

4) I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

5) I understand that all personal training rates are based on 55 minute sessions (except specialty programs) and should I arrive late, there is no guarantee I will receive the full session with my trainer. In return, if my Personal Trainer is late for a session, I will still receive the full session time.

6) I understand that Strive Fitness bills its personal training clients on a pre-pay basis. Once my trainer and I have decided upon the number of sessions I will purchase, payment must be made before the sessions are conducted. Checks are to be made payable to Strive Fitness. I understand that all Personal Training sessions are non-transferable and non-refundable. I also understand that all Personal Training sessions must be redeemed within one year of purchase.

7) I understand that Strive Fitness operates on a scheduled appointment basis and thus, requires that I provide 48 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 48 hours notice given. Should I cancel a session with 48-24 hours prior notice, I will be charged 50% of the charged fee for that session. Should I cancel a session with LESS than 24 hours prior notice, I will be charged in full for that session. I understand that Strive Fitness recommends that all canceled sessions be rescheduled to ensure consistency and fitness progress.

8) I understand that during a personal training session I may be asked to perform exercises to correct my alignment and/or focus my concentration on a particular muscle area to be targeted, by touching the targeted area. If I feel uncomfortable or experience any type of discomfort, I will immediately request that my trainer discontinue touching me in any way.

9) I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer.

10) I understand that should my Personal Trainer become ill or is away on holidays, another trainer will be assigned to me so that my fitness progress does not suffer. I also understand that in the event that my Personal Trainer is no longer employed by Strive Fitness, a suitable Personal Trainer will be re-assigned to oversee my program and workout sessions.

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

**PRINTED CLIENT NAME** \_\_\_\_\_ **CLIENT SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_