



Client Profile Questionnaire

Date ____/____/____

Name _____

Sex: Male Female

Birthdate ____/____/____

Age _____yrs

Height ____ft ____in

Marital Status: Married Single Divorced Widowed

Weight _____lbs.

Spouse's Name: _____

Number of Children _____

Ages of children _____

Address _____

City _____

State _____

Zip _____

Home Phone (_____) _____-_____

Work Phone (_____) _____-_____

Mobile Phone (_____) _____-_____

Pager (_____) _____-_____

Email1 _____

Email2 _____

Occupation _____

Company _____

Did someone refer you? Yes No Who? _____

What is the activity level of your day (not including exercise)?: Light Moderate Heavy

How would you describe your overall daily energy level?

Very Low Low Medium High Very High

What are your primary health and fitness goals? (Please define as specifically as possible with deadlines)

1. _____

2. _____

3. _____

What has prevented you from reaching these goals in the past?

What elements do you feel that you need help with? (Please check all that apply)

Exercise Instruction Motivation Program Design Nutrition Accountability

How many days per week can you realistically commit to an exercise program? _____

What days could you potentially schedule workouts? (Please check all that apply)

M Tu W Th F Sa Su

How much time per workout? _____

What time(s) of day would you be able to workout during the week? (Please check all that apply)

Early morning Late morning Lunchtime Afternoon Evening

Please list any exercise equipment you have at your home.

Please list any sports/recreational activities you participate in, and how often.

Current Exercise Program--Resistance Training

How many days per week are you currently resistance training? _____ Where? _____

How many different exercises do you normally do in each workout? _____

How many sets per exercise do you normally do? _____

How many repetitions per set do you normally do? _____

Do you normally use weight loads that bring you to muscle failure? Yes No

Current Exercise Program--Aerobic/Cardiovascular Training

How many days per week are you currently doing aerobic exercise? _____ Where? _____

What different types of aerobic exercise do you do? _____

How many minutes per workout do you normally do? _____

What intensity (speed, heart rate, incline, etc.) do you normally train at? _____

What meals/snacks do you normally eat during the day?

(Please list typical food choices)

Breakfast _____

Mid-morning _____

Lunch _____

Afternoon _____

Dinner _____

Evening _____

How much coffee, tea, or soda do you drink during the day? _____

How much water do you drink during the day? _____

Please list any nutritional supplements that you use regularly.

Please list any injuries, diseases, illnesses, or other limitations that may require special attention.

Please use this blank page to describe any other comments, concerns, or questions you may have.