



New Client Personal Training Questionnaire

Name: _____

Age: _____

Occupation: _____

Lifestyle: Active Sedentary

Currently Training: Yes No

Frequency: 1 2 3 other _____

Have you ever worked out before?

Yes No

How many times per week would you like to exercise?

1 2 3 other _____

How much time can you devote to each exercise session?

30 min 1 Hour other _____

Primary areas of interest:

- | | |
|---|--|
| <input type="checkbox"/> Weight Control | <input type="checkbox"/> Strength Increase |
| <input type="checkbox"/> General Health | <input type="checkbox"/> Hypertrophy |
| <input type="checkbox"/> Pre/Post Natal | <input type="checkbox"/> Sports Specific |
| <input type="checkbox"/> Toning – Flexibility | <input type="checkbox"/> Other |

Where would you like to see the most improvement?

- Upper Body
- Lower Body
- Mid Section
- Endurance
- Other

Personal Stats:

Height _____ ft. _____ in.

Weight _____ lbs

RHR _____ bpm

R/X _____

Why do you feel you are currently not seeing results?

- Lack of Motivation
- Lack of Training Knowledge
- Lack of Equipment
- Scheduling
- Other

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If yes, how long has it been since your last workout?

_____ Years _____ Months

What type of equipment have you used?

Free-weights Machines No Experience

What type of Cardio have you used?

Versa Climber Treadmill Cycle Gazzel
 Cross-Trainer Stairmaster Elliptical Other _____

What Zone (what % of Max HR) did you train?

50% 60% 70% 80%
 Other _____ not sure

How much time did you spend on Cardio?

30 min 45 min 1 hour

When?

Mornings Evenings

What are your Goals?

Fat/Weight Loss Cardiovascular Fitness Marathon
 More Lean Muscle Upcoming Party Bodybuilding
 Increased Energy Look/Feel good Other _____

What was your workout strategy?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Chest/Back Super Sets Circuit Training
 Shoulders/Arms Pyramiding Negatives
 Legs/Abs Forced Reps Intensity Cycling N/A

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How many reps per set do you use? 4-6 6-8 8-12 12-15

How many sets per body part do you use? 1-2 2-3 4-5 5-6

Were you motivated during your workouts? Yes No Sometimes

Please place a check mark in the box beside the exercise(s) you have experience with or have tried at least once:

Abdominals

- Sit-ups
- Crunches
- Russian Twists
- Reverse crunches
- Leg raises
- Thrusts
- Bicycle
- Toe Touches
- Scissors

Quads(Legs)

- Squats
- Leg Press
- Hack Squat
- Front Squat
- Thigh Extensions
- Lunges

Calves

- Standing Calf raises
- Seated Calf raises
- Donkey Calf raises

Hamstrings

- Thigh Curls
- Deadlifts

Pecs(Chest)

- Bench Press
- Decline Press
- db flyes
- Peck Deck
- Cable Cross-overs

Lats

- Pullovers
- Seated Rows
- One-arm dB rows
- Lat Pulldowns
- Bent-over BB Rows
- Stiff-arm pulldowns

Biceps(arms front)

- Barbell Curls
- db Curls
- Incline db Curls

- Scott Curls
- Concentration Curls

Triceps(arms back)

- Extensions
- French Press
- Kick-backs
- Pushdowns

Delts(Shoulders)

- Shoulder Presses
- Side Laterals
- Incline Laterals
- Upright rows
- Bent-Over-Laterals
- Reverse Flyes

Lower Back

- Hyper Extensions
- Deadlifts
- Goodmornings

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