



# PRE-EXERCISE QUESTIONNAIRE PERSONAL TRAINING

Name: ..... Date of Birth .....

Address: .....

..... Post Code:.....

Phone: (Home) ..... (Mobile) ..... (Work).....

Email:..... Occupation: .....

### EMERGENCY CONTACT:

Full Name: ..... Contact number:.....

Where did you hear about our programs (please tick as many as want)?

With existing client (client's name): .....

Word of mouth (person's name): .....

WEBSITE  Facebook  Instagram  Other  .....

### HEALTH HISTORY

Do you have medical clearance from a doctor to participate in physical activity?  
(If you are over 40 years of age this is mandatory) YES  NO

Do you have diabetes? YES  NO

Do you have epilepsy? YES  NO

Do you have asthma? YES  NO

Do you have a heart condition? YES  NO

Have you ever had a stroke? YES / NO Are you currently pregnant? YES  NO

If yes, how many weeks? .....

Have you had surgery in the past year? YES  NO

If yes, what for? .....

Do you often feel faint or have spells of dizziness? YES  NO

Do you smoke? YES  NO

Do you have high blood pressure? YES  NO

List any medications you are currently taking (dosage, frequency & reason):

.....  
.....

Do you suffer any bone / joint / muscle problems? YES  NO

Details if yes:

.....  
.....



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## EXERCISE HISTORY

Are you currently involved in any cardiovascular activity (e.g. jog, ride, swim)? YES  NO

If yes, what type and how often?

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If no, what cardiovascular activities do you enjoy?

.....  
.....

Are you currently involved in any resistance training (e.g. weights training, "pump" classes)? YES  NO

If yes, what type and how often?

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.....

If no, have you ever done any resistance training?

.....  
.....

Do you participate in any other form of regular activity/training/exercise? YES  NO

If yes, what type and how often?

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.....

How much time per week do you CURRENTLY allocate for exercise (e.g. 3 times a week for 1 hour)?

.....  
.....

How much time per week COULD you allocate for exercise?

.....  
.....

Have you ever set a fitness or weight loss goal and failed to achieve results? YES  NO

If yes, what factors got in the way of you achieving results (e.g. time, sticking to a routine)?

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In regards to a healthy lifestyle what are your biggest weaknesses (e.g. watch too much TV)?

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.....  
.....



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Are there any other physical reasons that prevent or limit you from participating in an exercise program?  
YES  NO . Details if yes:

.....  
.....  
.....

## GOAL SETTING

What specific health and fitness GOALS would you like to achieve and by when (e.g. run 5km after 10 weeks of training or lose 8kg in 16 weeks or improve posture and relieve shoulder pain in 10 sessions)?

You can have just 1 goal or as many as you want. To help you set goals use the SMART model.

**S** - Specific / **M** - Measurable / **A** - Attainable / **R** - Realistic / **T** - Time based

### GOAL 1:

I want to be able to .....in.....sessions/weeks/months

and will measure my progress/achievements by .....

Upon reaching this goal I will reward myself by .....

### GOAL 2:

I want to be able to .....in.....sessions/weeks/months

and will measure my progress/achievements by .....

Upon reaching this goal I will reward myself by .....

## ADDITIONAL GOALS

.....  
.....  
.....

## MEASUREMENTS (CM)

| Date: | Weight Kg: | Date: | Weight Kg: | Date: | Weight Kg: |
|-------|------------|-------|------------|-------|------------|
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### PRICING AND PAYMENT

I acknowledge that payment is required in advance either by way of cash deposit or by paying blocks of sessions in advance. I understand this payment is not refundable. I understand this agreement is maintained for any sessions purchased both immediately and in the future. I acknowledge that this specific agreement is continuously valid indefinitely, or until the agreement is terminated. Termination can occur when either the trainer or the client decide to discontinue training sessions for whatever reason.

### CANCELLATION AND LATENESS

I acknowledge that scheduled appointment times are reserved and that cancellation must be made 24hrs in advance. Cancellations must be made by calling the trainers mobile phone number directly. I understand that I will not receive a refund for missed appointments; however the missed session may be rescheduled without additional cost at the trainer's jurisdiction. It is my responsibility to attend my personal training appointments when they are scheduled.

I understand that appointments will begin and end promptly as scheduled. I acknowledge that any delays to start of a scheduled appointment will not be a cause to extend provided service beyond the remainder of scheduled time. I will not expect or ask my trainer to run overtime. I understand that if I am 15 minutes late my session will be cancelled and I will be charged for that session. I understand that sessions will run approximately 30mins to 1 hour unless otherwise stated. I acknowledge that a delay to schedule sessions cannot change the sessions status to anything else except a whole session because of any delay.

### RELEASE OF LIABILITY

Participant consent: In case of emergency, I authorise DJohns Fitness to contact the nearest doctor/hospital and organise any medical attention on my behalf. I accept responsibility for any costs incurred and release DJohns Fitness from any liability for injury incurred during the personal training program.

Name: .....

Signature: ..... Date: .....

Please either return your questionnaire to Darien in person, or email to [darienjohns@gmail.com](mailto:darienjohns@gmail.com)