NEW CLIENT QUESTIONNAIRE

Please fill out this form *completely and accurately*.

- **Return to xo fitness at least 2 days prior to your first scheduled session.**
- This information is essential to helping your trainer develop a program that addresses your needs, goals and interests and is safe and effective.
- All information received on this form will be treated as strictly confidential.

Name:_____ Date of Birth____/____/____ Age:_____
M D Y

Address:_____
Street City State Zip Code

Phone:(h)☐_____ (w)☐_____ (c)☐_____
~PLEASE CHECK THE BEST NUMBER(S) TO REACH YOU~

The best time to call is_____. Please don't call before___am or after___pm

Email address: _____

Occupation:_____

Emergency Contact: _____ Relationship: _____

Phone Number(s):_____

Physician's Name:_____ Physician's Phone:_____

Physician's Address:_____
Street City State Zip Code

Please provide 48 hours notice if you need to reschedule your appointment.

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De Pere, WI 54115
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fax 866-892-4803
info@xofitness.com www.xofitness.com

For office use only:
Personal Trainer: _____ **1st Appointment:** _____

Health History Form

Do you now, or have you had in the past:

1) History of heart problems, chest pain or stroke…… **YES** **NO**

2) Increased blood pressure…… **YES** **NO**

3) Any chronic illness or condition…… **YES** **NO**

4) Difficulty with physical exercise…… **YES** **NO**

5) Advice from physician NOT to exercise…… **YES** **NO**

6) Recent surgery (past 12 months)…….. **YES** **NO**

7) Pregnancy (now or within past three months)…… **YES** **NO**

8) History of breathing or lung problems……... **YES** **NO**

9) Muscle, joint or back disorder, or previous injury still affecting you……. **YES** **NO**

10) Diabetes or thyroid condition…….. **YES** **NO**

11) Cigarette smoking habit……... **YES** **NO**

12) Obesity (more than 20% over ideal body weight)…… **YES** **NO**

13) Increased blood cholesterol…… **YES** **NO**

14) History of heart problems in immediate family…… **YES** **NO**

15) Hernia, or any condition that may be aggravated by lifting weights……. **YES** **NO**

Please explain any "yes" answers:

_____
_____
_____

16) Are you taking any medications (either prescription or over-the-counter), which may affect your ability to exercise?

_____
_____
_____

17) Is your physician aware you are participating in an exercise program?… **YES** **NO**

Lifestyle Related Questions:

1) Describe your job:
   - ❑ Sedentary
   - ❑ Active
   - ❑ Physically Demanding
   - ❑ Requires Travel

2) Would an exercise program interfere with your job? …… **YES** **NO**
3) Would an exercise program benefit your job? …… **YES** **NO**
4) Can you exercise during your work day, or is your schedule flexible? … **YES** **NO**

5) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)?

   1 2 3 4 5 6 7 8 9 10

6) Is anyone in your family overweight? …… **YES** **NO**
   - ❑ Mother
   - ❑ Father
   - ❑ Sibling
   - ❑ Grandparent

7) Were you overweight as a child? …….. **YES** **NO**

Fitness History:

1) On a scale of 1-10, how would you rate your present fitness level ?

   1 2 3 4 5 6 7 8 9 10

2) When were you in the best shape of your life?_____

3) Were you a high school or college athlete? …… **YES** **NO**
   If yes, what sport(s)?_____

4) When you exercise, participate in an event or sport, how important is competition?

   1 2 3 4 5 6 7 8 9 10

5) Has your weight changed by 10 lbs. or more in the past year? ……. **YES** **NO**
   If YES, how many pounds? (+)_____ (-)_____

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 Time
- ❑ Lack of Interest
- ❑ Illness/Injury
- ❑ Other_____

3) How long have you been consistently physically active? _____

4) What activities are you presently involved in?

- ❑ **Cardio**

  Frequency: (times per week): 1-2 2-3 3-4 4-5 5+

  Duration: (minutes per session):_____

  Intensity Level (scale of 1-10):_____

  Type of exercise: _____

- ❑ **Sports**

  Type of sport(s):_____

- ❑ **Strength Training**

  Frequency: (times per week): 1-2 2-3 3-4 4-5

  Intensity level: Easy Medium Hard

- ❑ **Stretching**

  Frequency: (times per week): 1-2 2-3 3-4 4-5 5+

5) Please check all the activities that interest you:

□ Aerobic Classes	□ Hiking	□ Rollerblading	□ Tennis
□ Baseball	□ Ice Skating	□ Running	□ Triathlon
□ Basketball	□ Indoor Cycling	□ Skiing	□ Volleyball
□ Bicycling (outdoors)	□ Kayaking	□ Snowboarding	□ Walking
□ Cross Country Skiing	□ Orienteering	□ Snowshoeing	□ White Water Rafting
□ Canoeing	□ Pilates	□ Soccer	□ Yoga
□ Golf	□ Racquetball	□ Swimming	□ Others:_____

Nutrition Related Questions

1) On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)?

1 2 3 4 5 6 7 8 9 10

2) Would you make better food choices/improve eating habits if you were held accountable?……YES NO

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

a._____

b._____

c._____

Developing your Fitness Program:

1) Where would you prefer to exercise? (check all that apply):
   - ❑ Indoors…at studio
   - ❑ Indoors…at home
   - ❑ Outdoors

2) With whom would you prefer to exercise? (check all that apply):
   - ❑ Alone
   - ❑ Friend/Spouse
   - ❑ Small Group

3) When would you prefer to exercise? (check all that apply):
   - ❑ Early morning
   - ❑ Mid-Morning
   - ❑ Noon
   - ❑ Afternoon
   - ❑ Evening

4) Realistically, how often each week would you like to exercise?
   - ❑ 2-3
   - ❑ 3-4
   - ❑ 4-5

5) Realistically, how much time would you like to spend during each exercise session?
   - ❑ 30 minutes
   - ❑ 45 minutes
   - ❑ 60 minutes
   - ❑ More

6) What are the best days during the week for you to commit to your exercise program?

M T W T F Sa Su

Goal Setting:

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

- ❑ Start Exercising
- ❑ Lose body fat
- ❑ Nutrition Education
- ❑ Develop Muscle Tone
- ❑ Motivation
- ❑ Safety
- ❑ Sport specific training:_____
- ❑ Rehabilitate an Injury:_____
- ❑ Design a more advanced program
- ❑ Increase Muscle Size
- ❑ Other_____

1. In the following space, write down the fitness goals you would like to achieve. List **anything** you have ever thought of achieving with regards to your own individual health and fitness.

a)_____

b)_____

c)_____

2. On a scale of 1-10 how ready are you to make Health and Fitness a priority in your life? (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

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

_____

_____

_____

4. What do you feel are the obstacles or your potential actions, behaviors or activities that could impede your progress towards accomplishing your goals
   - ❑ not training consistently/not sticking to plan
   - ❑ travel business/vacation
   - ❑ holiday season
   - ❑ busy season at work
   - ❑ family commitments
   - ❑ other responsibilities become a priority_____

5. Outline some ways that you plan to use to overcome these obstacles:

_____

_____

Miscellaneous Questions:

1. How did you hear about us? Please check all that apply.

- ❑ Brochure
- ❑ Drop-in
- ❑ Word of Mouth-referral
- ❑ Chamber of Commerce
- ❑ Yellow Pages
- ❑ Website
- ❑ Other_____

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

_____

3. What would cause you to discontinue training with us?

_____

Thank you for this opportunity to help you achieve your PERSONAL BEST!