

FIT START QUESTIONNAIRE

CLIENT NAME			DATE			
CELL PHONE		HOME PHONE		EMAIL		
ADDRESS					STATE	
SEX	AGE	HEIGHT	CURRENT WEIGHT	GOAL WEIGHT	CURRENT BODY FAT %	GOAL BODY FAT %

Please circle any of the following health questions or conditions that you may currently have now or in the past have affected your health.

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|------------------------|---------------------|------------------------|--------------------------------|
| Dizzy Spells | High Blood Pressure | Arthritis | Diabetes or Thyroid Conditions |
| Heart Problems | High Cholesterol | Spine or Disc Problems | Asthma or Lung Problems |
| Heart Attack or Stroke | Currently Pregnant | Bone or Joint Problems | Surgery in the Past 6 months |

Other (please explain): _____

Do you have any family history of any of the above conditions? ____ If yes, please explain: _____

1. Have you ever been a member of a health club before? If yes, when?
2. How many days per week are you planning on being in the gym?
3. Have you ever worked with a personal trainer before? If yes, when?
4. Is your spouse/partner supportive of you getting into shape?
5. On a scale of 1-5 (5 being the highest), how would you rate your knowledge of resistance training?
6. What upcoming events in your life will help motivate you to improve your physical appearance/fitness level?
7. What has prevented you from reaching your goals in the past? (circle all that apply)

- | | | | | |
|---------|------------|-------------------|-----------------|----------------|
| Time | Money | Procrastination | Lack of Support | Accountability |
| Boredom | Discipline | Lack of Expertise | Motivation | Injuries |
8. How many meals do you eat per day? ____ Sodas? ____ Snacks? ____ How many meals do you eat out weekly? ____
 9. Do you smoke? ____ How much? ____ Do you drink? ____ How many per week? ____
 10. How many times have you started and quit a diet or exercise program in the past?
 11. When was the last time you were in the best shape of your life?
 12. I would like to:

LOSE FAT	IMPROVE HEALTH	LOOK BETTER	LEARN MORE EXERCISES
GAIN WEIGHT	IMPROVE MUSCLE TONE	FEEL BETTER	OTHER _____

13. On a scale of 1-10, how serious are you about achieving your goals? 1 2 3 4 5 6 7 8 9 10

MEMBER ACKNOWLEDGES & ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF IMPRESSIONS FITNESS. Member acknowledges that personal training/fitness assessment hereunder includes participation in strenuous physical activities, including but not limited to aerobic dance, weight training, stationary bicycling, and various conditioning machines. Member acknowledges these physical activities involve inherent risk of physical injuries or other damages, including but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee, lower back, foot injuries and other injuries. Soreness, of injury however caused, occurring or after the members participation in the physical activities. By signing this agreement, member asserts that he or she is capable of participating in strenuous physical activity.

CLIENT SIGNATURE _____ **DATE** _____