



New Client Questionnaire

Basic Information

Please complete and return to us at least 2 days prior to your first scheduled session. All information received on this form will be treated as strictly confidential. Please fill out the forms completely and accurately. This information is essential to helping your trainer develop a program that addresses your needs, goals and interest, and is safe and effective.

Advantage Personal Training may send information regarding your physical exercise program to your physician unless you request otherwise.

Please provide 24 hours notice if you need to cancel or reschedule your Personal Training appointment.

Advantage Personal Training

6 Liberty Way
Niantic, CT 06357
P 860.691.1616 F 860.691.1119

2906 Gold Star Highway
Mystic, CT 06355
P 860.245.0388 F 860.245.0488

www.AdvantagePersonalTraining.com

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____ Phone 2: _____

Email: _____

Date of Birth: ____/____/____ Age: ____

Questionnaire (PAR-Q)

Yes No

____ Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?

____ Do you frequently have pains in your chest when you perform physical activity?

____ Have you had chest pain when you were not doing physical activity?

____ Do you lose your balance due to dizziness or do you ever lose consciousness?

____ Do you have a bone, joint, or any other health problem that causes you pain or limitations must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)

____ Do you have or have had any inflammatory conditions such as arthritis, GI upset or discomfort, skin inflammation or psoriasis?

____ Has a doctor ever recommended medication for your blood pressure or heart condition?

If you answered YES to one or more of the questions above, please answer and initial the following questions:

____ Have you consulted your doctor regarding increasing your physical activity and/or performing a fitness assessment? INITIALS

____ If you answered no, will you consult your doctor prior to increasing your physical activity and/or performing a fitness assessment? INITIALS

____ Are you pregnant now or have given birth within the last 6 months?



____ Have you had a recent surgery?

If you have marked YES to any of the above, please elaborate below:

Do you take any medications, either prescription or non-prescription, on a regular basis? YES/NO

What is the medication for? _____

How does this medication affect your ability to exercise or achieve your fitness goals?

Family Doctor: _____ Phone: _____ Fax: _____

City: _____ Emergency Contact: _____ Phone: _____

Lifestyle Related Questions:

1. On a scale of 1-10, how would you rate your stress level (1=very low, 10=very high)? ____
2. On a scale of 1-10 how would you rate your motivation to change? ____
3. On a scale on 1-10 what's ability to commit to a lifestyle change? ____
4. What has worked in the past for weight loss? _____
5. What has NOT worked in the past: _____
6. Do you smoke? YES NO If yes, how many? ____
7. Do you drink alcohol? YES NO If yes, how many glasses per week? ____
8. How many glasses of water do you drink daily? _____
9. How many hours do you regularly sleep at night? ____
10. Married/Single/Divorced/Other (circle) Children: Yes/No (circle) How many? _____

Nutrition Related Questions

1. On a scale of 1-10, how would you rate your Nutrition (1=very poor, 10=excellent)? ____
2. How happy are you with your body: scale 1-10 _____
3. Meals per day: 1 2 3 4 5 6 7 Times: _____
4. Snacks per day: 1 2 3 4 5 6 7 Times: _____
5. Fast food/Take-out eaten _____ times per week



6. Do you drink caffeine? YES NO If YES, How many cups per day? _____

7. Are you currently or have you ever taken a multivitamin or any other food supplements? YES NO
If yes, please list the supplements:

8. Do you do your own grocery shopping? YES NO

9. Who cooks in your household?

10. Can you commit to food prep time?

11. Food dislikes: _____

12. Food Cravings: _____

13. Allergies to food or medications: Y/N List: _____

14. Besides hunger, what other reason(s) do you eat?

BOREDOM SOCIAL STRESSED TIRED DEPRESSED HAPPY NERVOUS

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

a. _____ b. _____ c. _____

Fitness History

1. When were you in the best shape of your life? _____

2. Have you been exercising consistently for the past 3 months? YES NO

3. When did you first start thinking about getting in shape? _____

4. What, if anything, stopped you in the past? _____

5. On a scale of 1-10, how would you rate your present fitness level (1=Worst, 10=Best)? _____

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 INTEREST ILLNESS/INJURY LACK OF TIME OTHER _____

3. How long have you been consistently been physically active for? _____

4. What activities are you presently involved in? Average length of time? Easy/Moderate/Hard Intensity?



Cardio &/or Sports:

Strength Training:

List Exercises: _____

5. If you could design your own exercise program, what would an ideal training week look like to you? Please be specific. List your favorite activities, rest days, time spent, etc.

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

Goal Setting:

How can Advantage Personal Training help you? Please check which applies.

- Lose Body Fat Develop Muscle Tone Rehabilitate An Injury Nutritional Education
- Start An Exercise Program Design A More Advanced Program Safety Sports Specific
- Increase Muscle Size Fun Motivation Balance Flexibility Accountability

Other _____

In order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure all your goals are "SMART".

- S= Specific (Provide details, how long, how much, etc.)
- M=Measureable (How will you measure whether you've reached your goals)
- A=Attainable (Be realistic, set smaller goals)
- R=Rewards-Based (Attach a reward to each goal)
- T=Time Frame (Set specific dates for goals)

1. Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?

- a) _____
- b) _____
- c) _____

2. How will you feel once you've achieved these goals? Be specific.

3. Where do you rate health in your life? LOW PRIORITY MEDIUM PRIORITY HIGH PRIORITY



4. How committed are you to achieving your fitness goals? VERY SEMI NOT VERY

5. What do you think the most important thing we can do to help you achieve your fitness goals?

6. Outline what you feel are the obstacles or your potential actions, behaviors or activities that could impede your progress towards accomplishing your goals (i.e. not training consistently, upcoming vacation, busy season at work, not following the program, allowing other responsibilities to become a priority over exercise, etc.).

7. Outline 3 methods that you plan to use to overcome these obstacles:

a. _____ b. _____ c. _____

Miscellaneous Questions:

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

___ Brochure ___ Word Of Mouth ___ Yellow Pages ___ Website ___ Internet Search

Other _____

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

3. Why did you choose to train with Advantage Personal Training instead of another organization? Please check all that apply.

___ Location ___ Personal Trainers ___ Cost ___ Customer Service ___ Word Of Mouth

___ Programs Other _____

4. How far do you live from our gym? ___ miles ___ minutes

5. Which local newspaper(s) do you read? _____

6. Which radio station(s) do you listen to? _____

7. Which local magazine(s) do you read? _____

8. Which local morning TV show do you watch? _____

9. What would cause you to discontinue training with Advantage Personal Training?



Participant Release and Knowledge Of Agreement

1. I, _____, wish to participate in the exercise and training program offered by Advantage Personal Training. I understand there are inherent risks in participating in a program of strenuous exercise. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. I agree that Advantage Personal Training shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training facility, outdoors, or at a corporate, commercial, residential, or other fitness facility) and I expressly release and discharge

Advantage Personal Training, its owners, employees, agents and/or assigns, from all claims, actions, judgments, and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

I have read and understand this term: (Initial)

2. I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "YES" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform my Personal Trainer of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: (Initial)

3. I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer.

I have read and understand this term: (Initial)

4. I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

I have read and understand this term: (Initial)

5. I understand that Advantage Personal Training bills its Personal Training clients on a pre-pay basis. Once my trainer and I have decided upon the type of training package and payment plan I will purchase, payment must be made before the sessions are conducted. Credit cards, cash, and checks made payable to Advantage Personal Training are all accepted. I understand that all Personal Training sessions are non-refundable.

I have read and understand this term: (Initial)



6. I understand that Advantage Personal Training operates on a scheduled appointment basis for all Private Training sessions and thus, requires that I provide 24-hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 24-hours notice given. Should I cancel a session without 24-hours prior notice, I will be charged in full for the session. I understand that Advantage Personal Training recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

I have read and understand this term: (Initial)

7. I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer.

I have read and understand this term: (Initial)

8. I understand that Advantage Personal Training photographs many of their clients' events/sessions and I provide written approval for them to use these pictures for promotional purposes.

I have read and understand this term: (Initial)

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

CLIENT

PERSONAL TRAINER

DATE

DATE

PARENT OR GUARDIAN (if under 18)