

Lifestyle Questionnaire

Name:

Gender:

M

F

Other (Please state):

Contact number:

Email address:

Date of birth :

What are your personal fitness goals/aspirations:

Please describe:

Please tick:

Strength

Muscle gain

Weight loss

Endurance

How many times a week can you commit to training:

How much time can you commit each session:

How active are you within your job role (please tick):

Sedentary (less than 3000 steps)

Moderately Active (6000 Steps)

Highly active (10,000+ steps)

Do you have any particular personal circumstances which you feel may effect your fitness programme?

Do you have any past or present injuries which may effect your programme?

When did you sustain the injury?

Please describe your previous experience in the gym environment or general fitness activity:

What types of exercise do you currently do and how often?

What types of exercise do you enjoy?

What types of exercise do you dislike and why?

What are you hoping to achieve out of your session/programme?

Date:

Sign: