

PRE-EXERCISE QUESTIONNAIRES

Date: _____

Trainer: _____

Name: _____ DOB: _____ AGE: _____ GENDER: M F

Address: _____ Post Code: _____

Home Ph: _____ Work Ph: _____ Fax: _____

Mobile: _____

Work Email: _____ Personal Email: _____

Occupation: _____ Employer: _____

Partner's Name: _____

In case of Emergency please notify: _____ Relationship: _____ Ph: _____

Children's Name(s)/Age(s) _____

Doctors Name(s): - G.P. _____ Ph: _____

- Physiotherapist _____ Ph: _____

- Chiropractor: _____ Ph: _____

- Osteopath _____ Ph: _____

- Other Health/Medical Provider _____ Ph: _____

PHYSICAL HEALTH

DO YOU NOW, OR HAVE YOU HAD IN THE PAST: (Please tick for YES)

History of heart problems, chest pain, or stroke

Increased Blood pressure

Any chronic illness or condition

Difficulty with physical exercise

Advice from a doctor not to exercise

Surgery in the last 12 months

Pregnancy (now, or within the last three months)

History of breathing or lung problems

Muscle, joint or back pain, or any previous injury still affecting you

Diabetes or thyroid condition

Cigarette smoking habit

High Cholesterol

History of Heart problems in immediate family

Hernia or any condition that may be affected by lifting weights

Please provide relevant details overleaf.

14. Are you taking any dietary supplements? _____

PRE-EXERCISE QUESTIONNAIRES

EXERCISE HISTORY

1. How would you describe your current condition? _____
2. How often do you take part in physical activities? (please circle)
5-7 x p/week 3-4 x p/week 1-2 x p/week not in the past 6 months
3. What activities are you presently involved in? _____
4. If your participation is lower than you would like it to be, what are the reasons?
Lack of interest Lack of time Illness/Injury Other _____
5. What don't you like about your current exercise routine? _____
6. Describe the results you want to achieve? _____

7. On a scale of 1-10, how important are these goals? _____
8. Do you train on your own? Yes/No
9. Do you train for health, enjoyment or appearance? _____

EXERCISE PROGRAM

1. Please circle how you prefer to exercise:
a) INSIDE OUTSIDE COMBINATION
b) WITH A PARTNER ALONE
c) MORNING AFTERNOON EVENING
2. What types of exercise most interest you? (please circle)
Yoga Weight Training Boxing Running Pilates Swimming Cycling Walking
3. Please list any comments or suggestions regarding the development of your exercise program:

4. Assign how much time you can devote to being active each day:

DAY	M	T	W	T	F	S	S
TIME							

PRE-EXERCISE QUESTIONNAIRES

EXERCISE PROGRAM (Continued)

5. Will you train on your own outside your sessions? Yes Sometimes Never

6. Will you follow an assigned program? Yes No

7. Do you like to be pushed hard? Yes No

8. What is the major motivation for you to exercise? _____

9. Are your fitness goals influenced by others? _____

10. How many times per week would you like to exercise at Beyond with a Trainer? _____

11. What days suit you best to do your training sessions?

M T W T F S S

Thank you. We will use this information to design a specific program for you to achieve your goals.