



Fun Fitness Globetrotters

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New Client Questionnaire

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 preform physical activity?

Have you had chest pains when you were not doing physical activity? _____

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

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

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

Have you had a recent surgery? _____

Do you take any medications, either prescription or non prescription, on a regular basis? _____

What is the medication for?

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

Lifestyle Related Questions:

Do you smoke? Yes or No. If yes how many? _____

Do you drink alcohol? Yes or No. If yes, how many glasses per week? _____

How many hours of sleep do you regularly get at night? _____



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Describe your job: Sedentary Active Physically Demanding

Does your job require travel? Yes or No

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

List your 3 biggest sources of stress:

1. _____

2. _____

3. _____

Is anyone in your family overweight? Father Mother Sibling Grandparents

Were you overweight as a child? _____

Fitness History

When were you in the best shape of your life?

Have you been consistently exercising for the past 3 months? Yes or No

When did you first start thinking about getting in shape?

What, if anything, has stopped you in the past?

On a scale of 1-10, how would rate your present fitness level (1- worst 10- best)



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Nutrition Related Questions

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

How many times of day do you eat (including snacks)?

Do you skip meals? Yes or No

Do you eat breakfast? Yes or No

Do you eat late at night? Sometime Often Never

What activities do you engage in while eating? (TV, reading, etc.)

How many glasses of water do you consume in one day? _____

Do you feel drops in energy level during the day? Yes or No. If yes, when? _____

Do you know how many calories you eat per day? Yes or No. If yes, how many?

At work/school do you usually, Eat Out Bring Food

How many times a week do you eat out? _____

Do you do your own grocery shopping? Yes or No

Do you do your own cooking? Yes or No



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

Boredom Social Stressed Tired Depressed Happy

Do you eat past fullness? Often Sometimes Never

Do you eat foods high in fat and sugar? Often Sometimes

List 3 areas of your nutrition you would like to improve:

1. _____

2. _____

3. _____

Exercise Related Questions (Skip to next section if you are presently inactive)

How often do you take part in physical activity?

5-7x/week 3-4x/week 1-2x/week

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:

How long have you been consistently active for? _____



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What activities are you presently involved in? _____

Cardio &/or Sports Frequency/Wk Average Length Easy/Mod/Hard

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Strength Training Frequency/Wk Average Length Easy/Mod/Hard

_____	_____	_____	_____
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List exercises: _____

Flexibility Frequency/Week Average Length _____

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

- Lose Body Fat



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- Develop Muscle Tone
- Rehabilitate an Injury
- Nutrition Education
- Start an Exercise Program
- Design a More Advanced Program
- Safety
- Sports Specific Training
- Increase Muscle Size
- Fun
- Motivation
- 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 **S.M.A.R.T** (Specific, Measurable, Achievable, Relevant, Time-Bound)

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?



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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. _____