



Velocity Fitness
Personal Fitness Training
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Lifestyle Questionnaire

Name:

DOB:

Date:

Address:

Home Number:

Work Number:

Cell Number:

Fax Number:

E-mail address:

Occupation:

How many hours of week do you work?

Contact in case of emergency:

Married/single:

Current Weight:

How long at this weight?

Height:

Have you ever had a personal trainer before and if so, where?

What did you like most/least about working with him/her?

Describe what you would like to accomplish through your fitness program with me:

What type of self-motivation techniques have you had success with ?

What can we do together to make your exercise program more enjoyable?

Do you own any type of exercise equipment? (Please list):

What are your current leisure activities?

Please rate your exercise level on a scale of 1 – 5 (5 indicating very strenuous) for each age range through your present age range:

____ 13-20 ____ 21-30 ____ 31-40 ____ 41-50 ____ 50+

Were you (or are you) a high school or college athlete? If yes, please specify:

Do you have negative feelings toward, or have you ever had bad experiences with physical activity programs? If yes, please explain:

Rate yourself on scale of 1 to 5 (1 indicating the lowest value). Check the appropriate box number that best applies:

Characterize your present athletic ability.

1 2 3 4 5

When you exercise, how important is competition?

1 2 3 4 5

Characterize your present cardiovascular capacity.

1 2 3 4 5

Characterize your present muscular capacity.

1 2 3 4 5

Characterize your present flexibility capacity.

1 2 3 4 5

Do you start exercise programs but then find yourself unable to stick with them?

no yes, please describe barriers:

How much time are you willing to devote to an exercise program?

_____minutes/day _____days/week

Are you currently involved in regular endurance (cardiovascular) exercise?

no yes, specify type(s) of exercise:

_____minutes/day _____days/week

Rate your perception of the exertion of your exercise program. (Please check appropriate box):

Light Fairly light Somewhat hard Hard

How long have you been exercising regularly? _____months _____years

What other exercise, sports or recreational activities have you participated in?

In the past 6 months?

In the past 5 years?

Can you exercise during your work day?

What types of exercise interests you? (Please check all applicable.)

Walking (treadmill/outdoors) Running (treadmill/outdoors) Hiking Swimming

Tennis Golf Cycling Stationary biking Spin classes Rowing

Strength training Softball/baseball Martial arts Tai Chi Yoga

Stretching Pilates Dance exercise

What do you want your long-term fitness program to do for you?