



Physical Activity and Goals for: _____

CLIENT NAME

On a scale from 1 (inactive) to 10 (very active,) rate the activity level of your average day: _____

How many hours per day do you spend:

sitting? _____ standing? _____ exercising? _____

How many days per week do you exercise? _____

How long do your sessions last? _____

Describe your exercise program:

If you currently do not participate in regular exercise, how long has it been since you were in a regular exercise program? _____

Why did you discontinue? _____

Do you like to exercise? yes no Have you ever worked with a trainer? yes no

On a scale from 1 (no importance) to 10 (high importance), rate how important the following are to you:

physical fitness _____ healthy body weight _____

general health _____ appearance _____

nutrition _____ stress management _____

How much time per week can you realistically commit to an exercise program? _____

How many days per week would you like to meet with a personal trainer? _____

What do you need/expect from your trainer? _____

List your health and fitness goals in order of importance:

1. _____

2. _____

3. _____

Trainer Evaluation and Comments

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