

# Health and Fitness Questionnaire

Ready to achieve your health and fitness goals? Complete this health and fitness questionnaire to get a personalized training program. The info you share will outline your current health status, medical history, lifestyle, and fitness preferences, which will allow us to customize our approach.

Please answer all questions to the best of your ability.

## Personal Information

Full Name:	
Birth date:	
Gender:	
Phone:	
Email:	
Address:	

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## Medical History

Your well being is the #1 priority. Understanding your medical history is essential to create a safe and effective fitness journey. This section allows you to provide valuable insights into your health background. This enables us to create a program that considers any medical conditions, past surgeries, or other relevant health factors.

**Are you currently under medical supervision or taking any prescription medications?  
Please specify:**

**Have you been diagnosed with or experienced any of the following? (Check all that apply)**

- Heart disease or cardiovascular conditions
- Hypertension (high blood pressure)
- Diabetes or pre-diabetes
- Respiratory conditions (e.g., asthma)
- Joint, bone, or muscle disorders
- Metabolic disorders
- Any surgeries in the last year
- Other: \_\_\_\_\_

**Have you ever participated in a fitness program or worked with a personal trainer before? If yes, please provide details of your experience.**

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## **Lifestyle and Habits**

Your lifestyle choices and daily habits have a profound impact on your health and fitness journey. This section offers an opportunity to explore the rhythm of your daily life, from your activity level to your sleep patterns and more. By gaining insights into your lifestyle, we can tailor a fitness program that seamlessly integrates with your routine and aligns with your goals.

**How would you describe your current activity level? (Check one)**

- Sedentary (little to no exercise)
- Lightly active (occasional activity)
- Moderately active (exercise 2-3 times a week)
- Very active (exercise 4+ times a week)

**Do you smoke or use tobacco products? (Check one)**

- Yes
- No

**How many hours of sleep do you get on average per night? (Check one)**

- Less than five
- Five to six
- Six to seven
- Eight or more

**Do you consume alcohol? (Check one)**

- Yes (frequency and amount): \_\_\_\_\_
  - No
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## **Fitness Goals and Preferences**

Your journey towards optimal health and well being begins with setting clear and achievable fitness goals. This section invites you to explore your aspirations, providing insights into the areas you wish to enhance and the milestones you aim to reach. By understanding your goals and preferences, we can craft a personalized fitness program that aligns with your unique desires.

**What are your main fitness goals? (Check all that apply)**

- Weight loss
- Muscle gain
- Cardiovascular fitness
- Flexibility
- Stress reduction
- Improved overall health
- Other: \_\_\_\_\_

**Are there any specific types of exercise you enjoy or dislike? (Please specify)**

**Do you have any preferences or limitations in terms of exercise location**

- Gym
- Outdoors
- Home
- Other: \_\_\_\_\_

**Do you have any preferences on equipment? (Please specify)**

**How do you envision achieving your fitness goals?**

- Group classes
  - One-on-one training
  - A combination
  - Other \_\_\_\_\_
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**Nutrition and Dietary Habits**

Your nutrition plays a vital role in achieving your fitness goals and maintaining overall health. This section provides an opportunity to delve into your dietary habits, preferences, and any specific considerations. By understanding your eating patterns and nutritional needs, we can develop a well rounded fitness program that complements your lifestyle and supports your desired outcomes.

**How would you describe your typical diet? (Check one)**

- Balanced and varied
- Vegetarian or vegan
- Low-carb or ketogenic
- High-protein
- Other: \_\_\_\_\_

**Do you have any food allergies or sensitivities? (Please specify)**

**How many meals do you consume in a day?**

- 1
- 2
- 3
- Other \_\_\_\_\_

**Do you typically snack throughout the day?**

- Yes
- No
- Sometimes

**Do you currently follow any specific diet plan or restrictions? (Please specify)**

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## **Additional Considerations**

This section provides an opportunity for you to share any additional information that could influence your fitness journey. Your safety and well-being are paramount, so please provide us with any relevant details that will help us design a program tailored just for you.

**Are you pregnant or planning to become pregnant in the next six months?**

- Yes
- No

**Do you have medical conditions or injuries? (Check one)**

- Yes (please specify): \_\_\_\_\_  
 No

**Do you have any physical or range of motion limitations? (Check one)**

- Yes (please specify): \_\_\_\_\_  
 No

**Do you experience any chronic pain or discomfort? (Check one)**

- Yes (please specify): \_\_\_\_\_  
 No

**Are you on any medications or have any medical considerations? (Check one)**

- Yes (please specify): \_\_\_\_\_  
 No

**Do you experience any issues with your emotion or mental well being? (Check one)**

- Yes (please specify): \_\_\_\_\_  
 No

**Do you have any previous exercise experience? (Check one)**

- Yes (please specify): \_\_\_\_\_  
 No
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**Informed Consent**

By signing below, I confirm that the information provided in this questionnaire is accurate to the best of my knowledge. I understand that this information will be used to develop a safe and effective fitness program for me. I acknowledge that it is my responsibility to inform my personal trainer of any changes to my health or medical condition.

Client's Signature:	
Date:	

Thank you for taking the time to complete this health and fitness questionnaire. Your thorough and honest responses will allow us to create a personalized program that aligns with your goals and needs.

Our commitment is to ensure your safety, progress, and overall well-being. Please feel free to reach out to us with any questions or concerns you may have. We are excited to embark on this fitness journey with you!