

Fitness - Pre-assessment Questionnaire

Please fill in this questionnaire and returned to Equalize Training Company 12 Grosvenor Court, Worongary, Qld, 4213 or email trainsupreme@equalize.com.au **1 WEEK PRIOR** to your first session. This will help us to create a program that is designed specifically for you on your first visit.

1. What are your reasons, Health, Fitness &/or Personal for wishing to train with us?

2. When would you like to have achieved these changes by? _____

3. How will you feel when you achieve these goals? _____

4. What are your current levels of exercise?(how many times a week and what activities you do – please be specific). _____

2. Do you have any current injuries or problems which restrict your movement in everyday life and/or when exercising? If yes, please explain.

3. What can we do to help you?

4. What areas do you want to target with this training?(eg. Shoulders, Glutes, Inner Thigh, Abdominals)

5. Have you previously had any experience training in a gym or using weights?

6. Have you had a Personal Trainer before? Y / N Did you get results? _____

Why are you not using them anymore? _____

7. Any other useful information that may aid us when putting together your program?

I (print name) _____ declare that the information I have given is true & correct to the best of my knowledge. I release the trainer from any and all liability from problems arising from the exercise session/s as a result of information not given or incorrectly given on this form.

Signature: _____ Date: _____