

# HEALTH & LIFESTYLE QUESTIONNAIRE



**INFINITE**  
*fitness*

***Please complete and return to your Personal Trainer or to the reception desk at least 2 days prior to your scheduled consultation.***

All information received on this form will be treated as strictly confidential. Please fill out the forms ***completely and accurately***. This information is essential to helping your trainer develop a program that addresses your needs, goals and interests and is safe and effective.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
D M YYYY

Address: \_\_\_\_\_  
Street City Province Postal Code

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (o) \_\_\_\_\_ (cell)

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_  
Street City Province Postal Code

*Infinite Fitness will send information regarding your physical exercise program to your physician unless you request otherwise.*

**Please provide 48 hours notice if you need to cancel or reschedule your Personal Training appointment.**

For office use only: DE \_\_\_\_ NCL \_\_\_\_ PL \_\_\_\_

Personal Trainer: \_\_\_\_\_ 1<sup>st</sup> Appointment: \_\_\_\_\_

# PAR-Q FORM

Please check YES or No to the following:

YES NO

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 perform physical activity?

Have you had chest pain when you were not doing physical activity?

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

Do you have a bone, joint or any other health problem that causes 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?

If you have marked YES to any of the above, please elaborate below:

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Do you take any medications, either prescription or non-prescription, on a regular basis? Y N

What is the medication for? \_\_\_\_\_

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

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## Lifestyle Related Questions:

1) Do you smoke? YES NO If yes, how many? \_\_\_\_\_

2) Do you drink alcohol? YES NO If yes, how many glasses per week? \_\_\_\_\_

3) How many hours do you regularly sleep at night? \_\_\_\_\_

4) Describe your job: Sedentary Active Physically Demanding

5) Does your job require travel? YES NO

6) On a scale of 1-10, how would you rate your stress level (1=very low -10=very high)? \_\_\_\_\_

7) List your 3 biggest sources of stress:

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

8) Is anyone in your family overweight? Mother Father Sibling Grandparent

9) Were you overweight as a child? YES NO If yes, at what age(s)? \_\_\_\_\_

## Fitness History:

- 1) When were you in the best shape of your life? \_\_\_\_\_
- 2) Have you been exercising consistently for the past 3 months?        YES        NO
- 3) When did you first start thinking about getting in shape? \_\_\_\_\_
- 4) What if anything stopped you in the past? \_\_\_\_\_
- 5) On a scale of 1-10, how would you rate your present fitness level (1=Worst - 10=Best)? \_\_\_\_\_

## Nutrition Related Questions

- 1) On a scale of 1-10, how would you rate your Nutrition (1=very poor - 10=excellent)? \_\_\_\_\_
- 2) How many times a day do you usually eat (including snacks)? \_\_\_\_\_
- 3) Do you skip meals?        YES        NO        4) Do you eat breakfast?        YES        NO
- 5) Do you eat late at night?        Often        Sometimes        Never
- 6) What activities do you engage in while eating? (TV, reading etc) \_\_\_\_\_
- 7) How many glasses of water do you consume daily? \_\_\_\_\_
- 8) Do you feel drops in your energy levels throughout the day?        YES        NO        If yes, when? \_\_\_\_\_
- 9) Do you know how many calories you eat per day?        YES        NO        If yes, how many? \_\_\_\_\_
- 10) Are you currently or have you ever taken a multivitamin or any other food supplements?        Y        N  
If yes, please list the supplements:

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- 11) At work or school, do you usually:        Eat out        Bring food
- 12) How many times per week do you eat out? \_\_\_\_\_
- 13) Do you do your own grocery shopping? YES        NO
- 14) Do you do your own cooking?        YES        NO
- 15) Besides hunger, what other reason(s) do you eat?  
      Boredom        Social        Stressed        Tired        Depressed        Happy        Nervous
- 16) Do you eat past the point of fullness?        Often        Sometimes        Never
- 17) List 3 areas of your Nutrition you would like to improve:

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

**Exercise Related Questions:** Skip to question #5 if you are presently inactive.

1) How often do you take part in physical exercise?

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

2) 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 \_\_\_\_\_

3) How long have you been consistently physically active for? \_\_\_\_\_

4) What activities are you presently involved in?

<b>Cardio &amp;/or Sports</b>	Frequency/Week	Average Length	Easy/Mod/Hard
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>Strength Training</b>	Frequency/Week	Average Length	Easy/Mod/Hard
_____	_____	_____	_____

List exercises: \_\_\_\_\_

<b>Stretching</b>	Frequency/Week	Average Length
_____	_____	_____

5) Please check all the activities that interest you:

- |                         |                           |                     |
|-------------------------|---------------------------|---------------------|
| Aerobic Fitness Classes | Ice Skating               | Snowshoeing         |
| Baseball                | Indoor Cycling            | Soccer              |
| Basketball              | Partner Training          | Swimming            |
| Boxing                  | Pilates                   | Tennis              |
| Cross Country Skiing    | Private Personal Training | Triathlon           |
| Football                | Racquetball               | Volleyball          |
| Golf                    | Rock-climbing             | Walking             |
| Group Personal Training | Running                   | Wally ball          |
| Hiking                  | Skiing                    | White Water Rafting |
| Hockey                  | Snowboarding              | Yoga                |

**Developing your Fitness Program:**

1. Please check how you prefer to exercise:

- |                      |              |                        |
|----------------------|--------------|------------------------|
| a)      INSIDE       | OUTSIDE      | COMBINATION            |
| b)      LARGE GROUPS | SMALL GROUPS | ALONE      COMBINATION |
| c)      MORNING      | AFTERNOON    | EVENING                |

2. Realistically, how often a week would you like to exercise? \_\_\_\_\_x/week

3. Realistically, how much time would you like to spend during each exercise session? \_\_\_\_\_

4. What are the best days during the week for you to commit to your exercise program?

M      T      W      T      F      S      S

## Goal Setting:

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

Develop Muscle Tone  
Rehabilitate an Injury  
Increase Muscle Size  
Safety

Lose Body Fat  
Nutrition Education  
Motivation  
Fun

Design a more advanced program  
Start an Exercise Program  
Sports Specific Training  
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 'SMART'.

**S** = Specific (Provide details, how long, how much etc.)

**M** = Measurable (How will you measure whether you've reached your goals)

**A** = Attainable (Be realistic, set smaller goals)

**R** = Rewards-Based (Attach a reward to each goal)

**T** = Time Frame (Set specific dates for goals)

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.

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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 your Personal Trainer 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.).

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7. Outline 3 methods that you plan to use to overcome these obstacles:

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

**Miscellaneous Questions:**

1. How did you hear about us? Please check that which applies.

Brochure / Post Card	Word of Mouth	The Riverbend Ragg-Times
Truck	Google	Terwillegar Community News
Website	Yellow Pages	Chamber of Commerce
Other _____		

2. If you were referred to us, who told you about our services?

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3. Why did you choose to train with Infinite Fitness instead of another organization? Please check that which applies.

Personal Trainers	Location	Word of Mouth	Cost
Customer Service	Programs	Other _____	

4. How far do you live from our training studio? \_\_\_\_\_ Kilometers

5. Which newspaper(s) do you read? \_\_\_\_\_

6. Which radio station(s) do you listen to? \_\_\_\_\_

7. Which local magazine(s) do you read? \_\_\_\_\_

8. Which local morning TV show do you watch? \_\_\_\_\_

9. What would cause you to discontinue training with Infinite Fitness?

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**10. The Gift of Fitness:**

At Infinite Fitness we rely on happy clients telling others about our services. We may both be able to make a huge difference in somebody's life. Please take the time to jot down the names of 2 friends who you would like to offer a complimentary consultation to. Once you discuss this with them, we'll call them and book them for their first session.

Name	Phone
I. _____	_____
II. _____	_____