**Client Questionnaire**

All information received on this form will be treated as strictly confidential. This information is essential to helping me to develop a program that addresses your needs, goals and interests and is safe and effective.

**Please attach 2-4 current full-body pictures for me to get an idea of where you’re currently at, ideally against a white background.**

**Please attach these to the email back to me at ajay@ap-personaltraining.com, (not in this form).**

Name: Date of Birth:

Age: Gender:

Height: Weight:

Address:

Telephone: Email:

Occupation:

Emergency Contact:

Relationship: Telephone:

**How did you hear about us?**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Referral | ☐ Google | ☐ Social Media | ☐ Other (please specify) |

**Fitness**

1. Please rate your current fitness level (1-10) and weight training experience (1-10): FL - WTE -
2. Are you currently exercising? If yes,
	1. Since how long ago?
	2. What type of exercise (i.e. cardio, weight training, martial arts, etc.)?
	3. How long for (mins/hrs)?
	4. How many times per week?
	5. Morning, afternoon or evening?
3. Do you currently have a gym membership?
	1. If yes, which gym? How many times per week do you go?
	2. If no, are you willing to get one?
4. Do you have any home exercise equipment?
	1. If yes, please specify what you have:
	2. If no, are you willing and able to get some?
5. How many hours per week are you willing and able to commit to training?
6. Do you currently track your daily steps?
	1. If yes, what’s your average step-count per day?
7. What sort of exercise do you most enjoy (if any), and what do you hate (if anything)?
8. Are you currnetly losing, gaining or maining your weight with your current diet & activity?

**Goals**

1. What is your personal fitness goal (i.e. amount of weight loss, % of body fat loss or amount of muscle/strength gain?
2. Having a strong sense of “**why**” you’re doing this will help you to stick to it and be consistent. So what what is the underlying emotional reason for you to have this goal? (Dig deep with this answer)
3. What is your specific timeframe for achieving this and **why**?
4. How would your life be any different after achieving it?
5. Where does this goal fall in your list of priorities right now?
6. What is your currently level of motivation (1-10), and what motivates you more?
7. Do you feel there is anything holding you back from achieving your goal?
	1. If yes, please explain below
8. How confident are you of being able to achieve your goal on a scale of 1-10 for both a) & b):
	1. Before signing up with AP-PT?
	2. Now having signed up and knowing you’ll get the guidance & support you need?
9. What made you invest in Personal Training?
10. What are you looking for in particular from your Personal Trainer?

**Nutrition**

1. How much water do you drink each day (glasses/litres)?
2. What is your current understanding of nutrition?
	1. Do you know what a calorie is? (Y/N)
	2. Do you know what a macronutrient is?
	3. Do you know which foods contain protein, carbs or fat?
3. What type of nutrition plan (if any) have you followed in the past? (i.e. fixed meal plan, calorie tracking, intermittent fasting, paleo, etc.)
4. What did or didn’t work well for you on the above past nutrition plan?
5. Which type of meal plan would you prefer to follow:
	1. Set meal plan where I tell you exactly which foods and how much to eat?
	2. Calorie/Macronutrient targetted plan where I set you a number of calories and nutrients to eat daily but you choose which foods to get them from?
	3. Other? (please specifiy what would work best for you)
6. How many meals do you eat per day?
7. Do you cook your own meals? If not, who does?
8. How many social meals out do you have per week?
9. Are there any particular foods that you avoid, don’t like or can’t eat?
10. Are there any particular foods that you want to eat everyday, all the time, especially if you’re feeling low, stressed or upset?
11. Do you suffer from any food intolerances, or do you feel noticeably bloated/gassy or indigestion after consuming certain food or drinks?
	1. If yes, please specify:
12. Do you take any nutritional vitamins/supplements?
	1. If yes, please specify what, how much and how often:
13. Do you have 1+ bowel movements per day?
14. Are your bowel movements usually normal, loose, hard, or varies a lot?
15. Please complete the below food diary as best you can for the last 3 days:

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Meal** | **Time** | **Food / Drink** |
| **1** | Breakfast |  |  |
| Snack |  |  |
| Lunch |  |  |
| Snack |  |  |
| Dinner |  |  |
| Snack |  |  |
| **2** | Breakfast |  |  |
| Snack |  |  |
| Lunch |  |  |
| Snack |  |  |
| Dinner |  |  |
| Snack |  |  |
| **3** | Breakfast |  |  |
| Snack |  |  |
| Lunch |  |  |
| Snack |  |  |
| Dinner |  |  |
| Snack |  |  |

**Lifestyle**

1. What are the top 3 priorities in your life right now?
2. What are the top 3 things you spend the majority of your time on each week?
3. Do you drink alcohol?
	1. If yes, how much/how often?
4. Do you smoke?
	1. If yes, how much/how often?
5. Do you suffer with chronic stress, anxiety or depression? (please give details if yes)

**Sleep**

1. What time do you usually go to bed and wake up?
2. Do you have trouble falling asleep at night?
3. Do you have difficulty waking up in the morning?
4. Do you wake up in the middle of the night?
	1. If yes, what times/how often?
5. Do you sleep in a room with any light or noise?
6. Do you use any medications to help you sleep?
7. Do you have an energy dip after lunch or mid-afternoon?

**Medical**

1. Do you have a medical condition diagnosed by a doctor?
	1. If yes, please specify:
2. Do you have a high, low, or normal (115/75) blood pressure?
3. Do you have any other undiagnosed pain/injury that affects your training or general health?
	1. If yes, please specify:
4. Do you take any medication, either prescribed or non-prescription?
	1. If yes, please specify:
5. Have you had a recent surgery?
	1. If yes, please specify:

**More About You**

1. 3 words to describe yourself:
2. What’s your favourite Superhero or Idol?
3. What’s your favourite colour?
4. What’s your favourite movie and/or TV Series?
5. What’s your favourite song/music artist/music genre?
6. What’s your favourite sport to watch/play & sports team?

Thank you for taking the time to fill out this questionnaire. This will help me to provide the best plan for you to achieve your goals.

We will also review this every 3-6 months if there are any changes to your circumstances or goals.