



Lifestyle Questionnaire

Q1	Age:		Gender:				
Q2	How Tall Are You In Metres?		What Is Your Weight In Kg?	BMI:			
Q3	What would you like to achieve from taking part in the personal training programme?						
Q4	Use the FITT principle to describe your training history in the last 2 years?						
Frequency							
Intensity							
Time							
Type							
Q5	Use the FITT principle to describe your current training?						
Frequency							
Intensity							
Time							
Type							
Q6	How many days a week do you have available to take part in physical activity / exercise?						
Day	Mon	Tue	Wed	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Q7	Do you have any particular equipment or exercise likes or dislikes.		
Q8	How would you describe the following factors in your lifestyle?		
Stress?			
Sleep?			
Relaxation?			
Smoking?			
Alcohol?			
Caffeine per day?			
Fruit and veg per day?			
Snacks per day?			
Fried foods per week?			
Do you add salt to food before or after tasting?			
How much water do you drink per day?			
Q9	Describe barriers which would prevent you from achieving your goals (e.g. finance, injury, Motivation) and state how you may overcome these barriers?		
Q10	How would you describe your readiness to take part in regular training to achieve your goals? (pre-contemplation, contemplation, preparation, action, maintenance, relapse, termination)		
Client Name:		Client Signature:	
Instructor Name:		Instructor Signature:	
Date:		Date:	