

# CLIENT INFORMATION QUESTIONNAIRE

*Please complete and return to your Personal Trainer at least 2 days prior to your first scheduled session.*



**FIT Launch Instructor Education & Training**  
**PO Box 5489**  
**Everett, WA 98206**  
**p. 360.568-7448 c. 425.238-1867**  
**e. [contact@fitlaunch.com](mailto:contact@fitlaunch.com) w. [www.fitlaunch.com](http://www.fitlaunch.com)**

**ASSESSING YOUR NEEDS:** 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	Y
Address: _____			
Street	City	State	Zip Code
Phone: _____(h) _____(o) _____(fax)			
Email address: _____			
Occupation: _____			
Physician's Name: _____		Physician's Phone: _____	
Physician's Address: _____			
Street	City	State	Zip Code
FIT Launch will send information regarding your physical exercise program to your physician unless you request otherwise.			

Why did you decide to invest in Personal Training? Please check that which applies.

- Lose Body Fat   
  Develop Muscle Tone   
  Rehabilitate an Injury   
  Nutrition Education  
 Start an Exercise Program   
  Design a more advanced program   
  Safety  
 Sports Specific Training   
  Increase Muscle Size   
  Fun   
  Motivation  
 Other \_\_\_\_\_

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

- Brochure   
  Word of Mouth   
  Media   
  Princeton Athletic Club   
  Yellow Pages  
 Other \_\_\_\_\_

Why did you choose to train with FIT Launch instead of another organization? Please check that which applies.

- Location   
  Personal Trainers   
  Cost   
  Customer Service   
  Word of Mouth  
 Specialty Programs  
 Other \_\_\_\_\_

What would cause you to discontinue training with a FIT Launch Personal Trainer?

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# PAR-Q FORM

Please mark 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? Yes/No

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

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

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If you answered YES to one or more questions:

- Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness assessment or program. Tell your doctor about the PAR-Q and which questions you answered YES.
- You may be able to do any activity you want-as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active-begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness assessment-this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

**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?     Sometimes     Often     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:  
\_\_\_\_\_  
\_\_\_\_\_
- 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) Do you eat foods high in fat and sugar?  Often     Sometimes     Never
- 18) List 3 areas of your Nutrition you would like to improve:  
a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

**Exercise Related Questions:** Skip to next section 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?

**Cardio &/or Sports**      Frequency/Week      Average Length      Easy/Mod/Hard

_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

**Strength Training**      Frequency/Week      Average Length      Easy/Mod/Hard

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

**Stretching**      Frequency/Week      Average Length

_____	_____	_____
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**Developing your Fitness Program:**

1. Please circle how you prefer to exercise:

- a)    INSIDE            OUTSIDE            COMBINATION
- b)    LARGE GROUPS      SMALL GROUPS      ALONE            COMBINATION
- c)    MORNING    AFTERNOON    EVENING
- d)    HOME            GYM

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

5. If you could design your own exercise program, what would an ideal training week look like to you? Please be specific. List your favorite activities, rest days, time spent etc.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

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**Goal Setting:**

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. \_\_\_\_\_

**The Gift of Fitness:**

At FIT Launch 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
1. _____	_____
2. _____	_____

## **PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT**

- 1) I, \_\_\_\_\_, wish to participate in the exercise and training program offered by FIT Launch. I understand there are inherent risks in participating in a program of strenuous exercise. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. I agree that FIT Launch, Inc. or any of their contracted third party trainers, shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge FIT Launch, Inc. its owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

**I have read and understand this term: \_\_\_\_\_(initial)**

- 2) I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance has been attained if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform my Personal Trainer of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.

**I have read and understand this term: \_\_\_\_\_(initial)**

- 3) I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer.

**I have read and understand this term: \_\_\_\_\_(initial)**

- 4) I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

**I have read and understand this term: \_\_\_\_\_(initial)**

- 5) I understand that all personal training rates are based on 50 minute sessions (excepting specialty programs) and should I arrive late, there is no guarantee I will receive the full session with my trainer. In return, if my Personal Trainer is late for a session, I will still receive the full session time.

**I have read and understand this term: \_\_\_\_\_(initial)**

- 6) I understand that FIT Launch, Inc. bills its Personal Training clients on a pre-pay basis. Once my trainer and I have decided upon the number of sessions I will purchase, payment must be made before the sessions are conducted. Checks are to be made payable to FIT Launch. I understand that all Personal Training sessions are non-transferable and non-refundable. I also understand that all Personal Training sessions must be redeemed within one year of purchase.

**I have read and understand this term: \_\_\_\_\_(initial)**

- 7) I understand that FIT Launch operates on a scheduled appointment basis and thus, requires that I provide 48 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 48 hours notice given. Should I cancel a session with 48-24 hours prior notice, I will be charged 50% for that session. Should I cancel a session with LESS than 24 hours prior notice, I will be charged in full for that session. I understand that FIT Launch recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

**I have read and understand this term: \_\_\_\_\_(initial)**

- 8) I understand that during a personal training session, my trainer may have to use Touch Training to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that my trainer discontinue using this technique.

**I have read and understand this term: \_\_\_\_\_(initial)**

- 9) I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer.

**I have read and understand this term: \_\_\_\_\_(initial)**

- 10) I understand that should my Personal Trainer become ill or is away on holidays, another trainer will be assigned to me so that my fitness progress does not suffer. I also understand that in the event that my Personal Trainer is no longer employed by FIT Launch, a suitable Personal Trainer will be re-assigned to oversee my program and workout sessions.

**I have read and understand this term: \_\_\_\_\_(initial)**

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
PERSONAL TRAINER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE