



# Personal Training Assessment Questionnaire

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

***(Clients: Please fill out questions 1-3 in the section titled "Initial Assessment")***

## **Initial Assessment**

1. What are your goals for wanting to do personal training?

1.

2.

3.

4.

5.

2. Do you have any current or previous injuries? Are you currently rehabbing with someone? If needed, can we contact this person?

3. What kind of music (genre, artists, bands) do you like to listen to when exercising?

## **4-week Goals Reassessment (Date: \_\_\_\_\_)**

1. Do you feel like you are making progress towards your initial goals? If not, what do you feel needs to change to get you back on track?

2. Would you like to update your goals? If so, please list them below.

1.

2.

3.



## 8-week Goals Reassessment (Date: \_\_\_\_\_)

1. Have you met any of your goals? If so, which ones?

1.

2.

3.

4.

5.

2. What are you enjoying the most with your personal training?

3. What are you enjoying the least with your personal training?

4. Is there anything else that you would like to see change to improve your experience?



## 12-week Goals Reassessment (Date: \_\_\_\_\_)

1. Which goals have you met? If so, which ones?

1.

2.

3.

4.

5.

2. Would you like to update your goals? If so, please list them below.

1.

2.

3.

4.

5.

3. What are you enjoying the most with your personal training?

4. What are you enjoying the least with your personal training?

5. Is there anything else that you would like to see change to improve your experience?



## 16-week Goals Reassessment (Date: \_\_\_\_\_)

Do you feel like you are making progress towards your latest goals? If not, what do you feel needs to change to get you back on track?

## 6-month Goals Reassessment

1. Which goals have you met? If so, which ones?

- 1.
- 2.
- 3.
- 4.
- 5.

2. Would you like to update your goals? If so, please list them below.

- 1.
- 2.
- 3.
- 4.
- 5.



## 12-month Goals Reassessment (Date: \_\_\_\_\_)

1. Which goals have you met? If so, which ones?

1.

2.

3.

4.

5.

2. Would you like to update your goals? If so, please list them below.

1.

2.

3.

4.

5.

3. What are you enjoying the most with your personal training?

4. What are you enjoying the least with your personal training?

5. Is there anything else that you would like to see change to improve your experience?