

# CLIENT SCREENING QUESTIONNAIRE



## CLIENT INFORMATION

Client's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Weight: \_\_\_\_\_

Email: \_\_\_\_\_ BMI: \_\_\_\_\_

Instagram Handle: \_\_\_\_\_ Measurement 1: \_\_\_\_\_

Facebook Handle: \_\_\_\_\_ Measurement 2: \_\_\_\_\_

Twitter Handle: \_\_\_\_\_ Occupation: \_\_\_\_\_

Describe Your Current Lifestyle: \_\_\_\_\_

Rate the Activity Level of Your Job:    None (e.g. Seated):     Moderate (e.g. Light Walking):     Heavy (e.g. Heavy Lifting):

### What Days/Times are you available to exercise?

Day:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Time:							

How much time are you willing to dedicate to fitness? \_\_\_\_\_

### WHAT ARE YOUR GOALS? (SHORT TERM & LONG TERM)

These should be SMART Goals i.e. **Specific, Measurable, Attainable, Realistic (Relevant) & Time Bound.** This makes them clearly defined. When goals are clearly defined, you are more motivated to take action towards achieving these goals and it is easier to achieve success.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

### WHAT ARE YOUR PERCEIVED & ACTUAL BARRIERS TO EXERCISE?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

### STRATEGIES TO OVERCOME BARRIERS.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

### Rate your current physical activity status:

Poor     Borderline     Satisfactory     Good     Outstanding

Do you currently exercise?    YES     NO

If yes, what exercise do you do? \_\_\_\_\_

### Rate your current attitude and motivation level to exercise:

Poor     Borderline     Satisfactory     Good     Outstanding

### Which of the following statements would best describe your current "readiness to change"?

Pre-contemplation: I have no intention of making a change in the next 6 months     Contemplation: I intend to make a change in the next 6 months     Action: I have started to make a change

Preparation: I intend to take action in the next month and have taken some steps to change:

Maintenance: I have made a change for more than 6 months:

Relapse: I have returned to pre-contemplation behaviour:

**Do you have any Exercise Preferences?**

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

**Are there any Exercises you dislike?**

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

**MEDICAL HISTORY, DIET & HABITS**

**Rate your current health status:**

Poor <input type="checkbox"/>	Borderline <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Good <input type="checkbox"/>	Outstanding <input type="checkbox"/>
Has anyone in your immediate family developed heart disease before the age of 60 years? <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Do any medical conditions run in your family? <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If Yes, please provide details: _____
Are you a smoker? <input type="checkbox"/>		Are you a smoker? <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If Yes, please provide details: _____
Do you suffer from diabetes? <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>			
How many units of alcohol do you consume a week? <input type="checkbox"/>		Please describe your current daily eating habits: _____		
How many hours sleep do you get per night on average? <input type="checkbox"/>		Do you currently have (or have had) any injuries in the last 3 months that we should be aware of? <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If Yes, please provide details: _____

**Submitted by (Client Name):**

**PRINT NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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