



CLIENT SCREENING QUESTIONNAIRE

CLIENT INFORMATION

Full Name:

Date of Birth:

Height:

(Feet)

(Inches)

Current Body Weight (kg/lbs):

Desired Body Weight (kg/lbs):

BMI:

Gender:

Preferred Pronouns:

Email:

Mobile No:

Address:

Postcode:

Instagram handle:

Facebook Handle:

Twitter Handle:

Occupation:

Working Hours:

Describe your Current Lifestyle:

Rate the Activity Level of Your Job:

☐

None (e.g. Seated)

☐

Moderate (e.g. Light Walking)

☐

Very Active (e.g. Constantly Active, Heavy Lifting)

What Days/Times are you available to Exercise

(Tick all days that apply and quote preferred times that you are available for each day):

| | | |
|------------------------------------|-------|--|
| <input type="checkbox"/> Monday | Time: | |
| <input type="checkbox"/> Tuesday | Time: | |
| <input type="checkbox"/> Wednesday | Time: | |
| <input type="checkbox"/> Thursday | Time: | |
| <input type="checkbox"/> Friday | Time: | |
| <input type="checkbox"/> Saturday | Time: | |
| <input type="checkbox"/> Sunday | Time: | |
| | | |

How much time per week are you willing to dedicate to fitness?

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

These should be SMART Goals i.e. **S**PECIFIC, **M**EASURABLE, **A**TTAINABLE, **R**EALISTIC (**R**ELEVANT) & **T**IME 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.

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

-
-
-
-

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 currently 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?

Are there any Exercises you dislike?

MEDICAL HISTORY, DIET AND HABITS

Rate Your Current Health Status:

- ☐ Poor
- ☐ Borderline
- ☐ Satisfactory
- ☐ Good
- ☐ Outstanding

Please answer the following questions honestly:

Has anyone in your immediate family developed heart disease before the age of 60 years?

☐ Yes or ☐ No

Do any medical conditions run in your family? ☐ Yes or ☐ No

If Yes, please provide details:

Are you a smoker? ☐ Yes or ☐ No

If Yes, please provide details:

Do you suffer from Diabetes? ☐ Yes or ☐ No

How many units of Alcohol do you consumer per week?

Please describe your current daily eating habits:

Breakfast

Lunch

Dinner

Snacks

Drinks

How many hours sleep do you get per night on average?

Do you currently have (or have had) any injuries in the last 3 months that we should be aware of?

☐ Yes or ☐ No

If Yes, please provide details:

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? ☐ Yes or ☐ No

Do you feel pain in your chest or shortness of breath when you do physical activity?

☐ Yes or ☐ No

In the past month, have you had chest pain when you were not doing physical activity?

☐ Yes or ☐ No

Do you lose your balance because of dizziness or do you ever lose consciousness? ☐ Yes or ☐ No

Do you have a bone/joint problem that may worsen by a change in your physical activity?

☐ Yes or ☐ No

Is your doctor currently prescribing drugs for your blood pressure or heart condition?

☐ Yes or ☐ No

Do you know any other reason why you should not do physical activity? ☐ Yes or ☐ No

If you have any questions, concerns or anything you'd like to discuss before starting your fitness plan or working together, please feel free to share them below. This can include anything from exercise issues, health worries, uncertainties about the process, or anything else you feel is important. (*There are no wrong questions – feel free to be open and honest here*).

Submitted by (CLIENT NAME):

Client Name:

Client Signature:

Date:

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