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All information is kept confidential.

WELLNESS & LIFESTYLE QUESTIONNAIRE

Name: _____ Date: _____

E-mail: _____ Phone: _____

1. What are your goals as they pertain to health, wellness, and fitness?
 (example: Gain strength, lose weight, become more flexible, gain balance)

2. What is your current activity level? _____ min/day _____ day/week

3. What days and time of day are you available for exercise? Please circle all options below:

Monday	5am-9am	9am-1pm	1pm-5pm	After 5pm
Tuesday	5am-9am	9am-1pm	1pm-5pm	After 5pm
Wednesday	5am-9am	9am-1pm	1pm-5pm	After 5pm
Thursday	5am-9am	9am-1pm	1pm-5pm	After 5pm
Friday	5am-9am	9am-1pm	1pm-5pm	After 5pm
Sat/ Sun	5am-9am	9am-1pm	1pm-5pm	After 5pm

4. What activities do you do?

5. How much time are you willing to devote to an exercise program? _____ min/day _____ day/week

6. Would you prefer a Male/Female personal trainer. Please circle all preferences below:

Male

Female

No Preference

7. What types of activities interest you most? Please check all that apply.

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Walking and/or jogging | <input type="checkbox"/> Stationary cycling | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Weight training | <input type="checkbox"/> Golf | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Cycling (outdoors) | <input type="checkbox"/> Aerobic class | <input type="checkbox"/> Other(_____) |

8. If you have attempted a regular exercise program before, what would you describe as your greatest roadblock to consistency?

9. Is there anything else you would like your personal trainer to know about you or your habits?