



Initial Training & Goal Assessment

Name:

DOB:

1. How important is health training and exercise to you?

0 / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

2. Do you work? If so (and you don't mind) briefly outline what you do:

3. Do you have children? Y / N

4. Do you have training experience in the gym? If you would like personal training would you have a preference to a type of trainer? If so briefly outline below:

5. Physically and mentally are there any areas that you particularly feel need improvement or you would like to work on?

6. Do you have any injuries you'd like to address?

7. How would training/exercise fit into your lifestyle? What are your preferred times? How many times are you/would you feasibly be able to train per week?

8. What are your hobbies and interests?

9. Do you have a favourite film/TV series/favourite book?

10. Do you have any questions for us?

Please email benclarkept@gmail.com as soon as possible so we can address your goals as quickly as possible.