



### CLIENT INFORMATION QUESTIONNAIRE

***Please complete prior to your initial fitness assessment.***

All information received on this form will be treated as strictly confidential. Please fill out the forms **completely and accurately**. This information is essential to helping your trainer develop a program that addresses your needs, goals and interests and is safe and effective.

Name:	_____	Date of Birth	___/___/___	Age:	_____
			M D Y		
Address:	_____				
Phone:	_____	(h)	_____	(w)	_____ (fax)
Email address:	_____				
Occupation:	_____				
Emergency Contact:	_____	Relationship:	_____		
Phone Number:	_____				
Physician's Name:	_____	Physician's Phone:	_____		
Physician's Address:	_____				

Ascend Fitness Coaching will send information regarding your physical exercise program to your physician unless you request otherwise.

**24 hours notice is required to cancel or reschedule an appointment.**

**Ascend Fitness Coaching**  
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## 1. PAR-Q & MEDICAL HISTORY

If you have marked YES to any questions on the PAR-Q, please elaborate below:

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes / No

What is the medication for? \_\_\_\_\_

How does this medication affect your ability to exercise or achieve your fitness goals?

Are you presently receiving treatment for any injury or discomfort? Yes / No

Please elaborate.

Please list past surgeries.

Are you pregnant? Yes / No

Have you given birth in the last 6 months? Yes / No

## 2. LIFESTYLE RELATED QUESTIONS

1) Do you smoke? Yes / No If yes, how many? \_\_\_\_\_

2) Do you drink alcohol? Yes / No If yes, how many glasses per week? \_\_\_\_\_

3) How many hours do you regularly sleep at night? \_\_\_\_\_

4) Does your job require you to:  Sit most of the time  Stand most of the time  Walk most of the time  
 Lift heavy objects  Do repetitive movements  Work at a computer

5) Does your job require travel? Yes / No

6) On a scale of 1-10, how would you rate your stress level (1=very low -10=very high)? \_\_\_\_\_

7) Is anyone in your family overweight?  Mother  Father  Sibling  Grandparent

8) Were you overweight as a child? Yes / No If yes, at what age(s)? \_\_\_\_\_

### 3. FITNESS HISTORY

- 1) When were you in the best shape of your life? \_\_\_\_\_
- 2) Have you been exercising consistently for the past 3 months? Yes / No
- 3) When did you first start thinking about getting in shape? \_\_\_\_\_
- 4) What, if anything, stopped you in the past? \_\_\_\_\_
- 5) On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)? \_\_\_\_\_

### 4. NUTRITION

Please record what you eat for 3 days (yesterday is the best place to start).

	Day 1	Day 2	Day 3
Break.			
Snack.			
Lunch			
Snack			
Dinner			
Snack			

- 1) On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)? \_\_\_\_\_
- 2) How many times a day do you usually eat (including snacks)? \_\_\_\_\_
- 3) Do you skip meals?      Yes / No      4) Do you eat breakfast?      Yes / No
- 5) Do you eat late at night?     Sometimes     Often     Never
- 6) What activities do you engage in while eating? (TV, reading etc) \_\_\_\_\_
- 7) How many glasses of water do you consume daily? \_\_\_\_\_
- 8) Do you feel drops in your energy levels throughout the day? Yes / No      If yes, when?\_\_\_\_\_
- 9) Do you know how many calories you eat per day?      Yes / No      If yes, how many?\_\_\_\_\_
- 10) Are you currently or have you ever taken a multivitamin or any other food supplements? Yes/No  
If yes, please list the supplements:

11) At work or school, do you usually:  Eat out  Bring food

12) How many times per week do you eat out? \_\_\_\_\_

13) Do you do your own grocery shopping? Yes / No

14) Do you do your own cooking? Yes / No

15) Besides hunger, what other reason(s) do you eat?

Boredom  Social  Stressed  Tired  Depressed  Happy  Nervous  Other \_\_\_\_\_

16) Do you eat past the point of fullness?  Often  Sometimes  Never

17) How many times a week do you eat junk food or fast food? \_\_\_\_\_

18) List 3 areas of your nutrition you would like to improve:

*If one of your goals is to lose weight, please answer the following:*

19) What has caused you to gain weight? \_\_\_\_\_

20) Have you tried to lose weight in the past? Yes / No

21) If yes, what have you tried? \_\_\_\_\_

22) Were you successful? \_\_\_\_\_

23) What is the least you have weighed as an adult? \_\_\_\_\_ When? \_\_\_\_\_

24) What is your goal weight? \_\_\_\_\_

25) How does your weight affect you? \_\_\_\_\_

26) How will you feel once you lose the weight? \_\_\_\_\_

27) Are you prepared to make permanent changes? \_\_\_\_\_

### 5. EXERCISE RELATED QUESTIONS

*Skip to next section if you are presently inactive.*

1) How often do you take part in planned physical exercise? \_\_\_\_\_

2) If your participation is lower than you would like it to be, what are the reasons?

Lack of Interest      Illness/Injury      Lack of Time      Other \_\_\_\_\_

3) How long have you been consistently physically active for? \_\_\_\_\_

4) What types of exercise do you do on a regular basis? \_\_\_\_\_

5) Please circle all the activities that interest you:

- |                         |                           |                     |
|-------------------------|---------------------------|---------------------|
| Aerobic Fitness Classes | Indoor Cycling            | Snow shoeing        |
| Baseball                | Kayaking                  | Soccer              |
| Basketball              | Partner Training          | Swimming            |
| Boxing                  | Pilates                   | Tennis              |
| Cross Country Skiing    | Private Personal Training | Triathlon           |
| Football                | Racquetball               | Volleyball          |
| Golf                    | Rock climbing             | Walking             |
| Group Personal Training | Running                   | Wallyball           |
| Hiking                  | Skiing                    | White Water Rafting |
| Ice Skating             | Snowboarding              | Yoga                |

**Developing your Fitness Program:**

1. Please circle how you prefer to exercise:

- a)       INSIDE                               OUTSIDE                               COMBINATION
- b)       LARGE GROUPS               SMALL GROUPS               ALONE                               COMBINATION
- c)       MORNING                               AFTERNOON                               EVENING

2. Realistically, how often a week would you like to exercise? \_\_\_\_\_X /week

3. Realistically, how much time would you like to spend during each exercise session? \_\_\_\_\_

4. If you could design your own exercise program, what would an ideal training week look like to you? Please be specific. List your favorite activities, rest days, time spent etc.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

**6. FITNESS WISH LIST**

**In the following space, write down all the fitness goals that you would like to achieve.** This is your personal fitness wish list. Write down anything you have ever thought of achieving with regards to your own individual health and fitness.

Which goal, if you achieved it, would make this year unbelievable? Have you ever wanted to hike the Grouse Grind, learn to rock climb, inline skate, or cycle the Kettle Valley Trail? Would you be thrilled if you completed a 5K walk, or consistently worked out 3 times per week? What are your health and fitness wishes?

WISH LIST:

## 7. GOALS

### How can a fitness coach help you?

- |   |   |  |
|---|---|--|
| <input type="radio"/> Lose Body Fat       | <input type="radio"/> Develop Muscle Tone       | <input type="radio"/> Rehabilitate an Injury         |
| <input type="radio"/> Nutrition Education | <input type="radio"/> Start an Exercise Program | <input type="radio"/> Design a more advanced program |
| <input type="radio"/> Safety              | <input type="radio"/> Sports Specific Training  | <input type="radio"/> Increase Muscle Size           |
| <input type="radio"/> Fun                 | <input type="radio"/> Motivation                | <input type="radio"/> Other _____                    |

Now that you have come up with a fitness wish list, it is time to create 1-3 goals that you will achieve in the next 1 – 6 months. If you have a long-term goal (6-12 months and beyond) write it down, and come up with a few short-term goals that will be stepping stones toward your ultimate goal. Goals should be *Specific, Measurable, Action-based, Realistic, and Time-bound*.

Goal 1: \_\_\_\_\_

Action steps:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Due date: \_\_\_\_\_

Reward: \_\_\_\_\_

Goal 2: \_\_\_\_\_

Action steps:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Due date: \_\_\_\_\_

Reward: \_\_\_\_\_

Goal 3: \_\_\_\_\_

Action steps:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Due date: \_\_\_\_\_

Reward: \_\_\_\_\_

How will you feel once you've achieved these goals? Be specific.

Where do you rate health in your life?  Low priority  Medium Priority  High priority

How committed are you to achieving your fitness goals?  Very  Medium  Not very

What do you think the most important thing your fitness coach can do to help you achieve your fitness goals?

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### 8. READINESS & MOTIVATION

The following questions give your fitness coach an insight into you current level of readiness and motivation.

	Yes	No
Do you feel you are at some sort of health risk because of your current behaviors/lifestyle?		
Do you feel that making lifestyle changes will improve your quality of life and decrease your risk of health-related disorders?		
Do you view your health and fitness program as a lifetime goal rather than a short-term temporary goal?		
Are you willing to get personally involved in planning a health and fitness program?		
Are you willing to try different approaches?		
Do you have the patience to accept success in small increments and deal with possible setbacks?		
Are you willing to set realistic goals?		
Are you willing to make lifestyle changes?		

#### Miscellaneous Questions:

1. How did you hear about us? Please check that which applies.

- Brochure                       Word of Mouth                       Yellow Pages  
 Website                       Other \_\_\_\_\_

2. If you were referred to us, who told you about our services?

\_\_\_\_\_

3. Which newspaper(s) do you read? \_\_\_\_\_

4. Which radio station(s) do you listen to? \_\_\_\_\_

5. What would cause you to discontinue training with Ascend Fitness Coaching?

\_\_\_\_\_

6. What would cause you to refer Ascend Fitness Coaching to a friend?

\_\_\_\_\_

**PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT**

**PLEASE READ CAREFULLY: BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

I \_\_\_\_\_ acknowledge that, by signing this document, I have voluntarily chosen to participate in a program of progressive physical exercise that can enhance the musculoskeletal and cardiorespiratory systems. In signing this document, I acknowledge being informed of the possible strenuous nature of the program and the potential for unusual, but possible physiological results including, but not limited to, abnormal blood pressure, muscle or joint soreness, fainting, heart attack or death. I assume all risk for my health and well being and hold harmless of any responsibility, the instructor, facility or any persons involved with this program and testing procedures. I understand that questions about exercise procedures and recommendations are encouraged and welcomed. I hereby release Ascend Fitness Coaching from any and all liability for any loss, damage, injury or expense that I may suffer as a result of participating in the exercise programs offered by Ascend Fitness Coaching due to any cause whatsoever. \_\_\_\_\_

I certify that the answers to the questions outlined on the PAR-Q and medical history form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform my fitness coach of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury. \_\_\_\_\_

I understand my participation in any activity is voluntary, and that it is my right to refuse such participation at any time during my coaching sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my fitness coach. \_\_\_\_\_

I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions. \_\_\_\_\_

I understand that Ascend Fitness Coaching operates on a scheduled appointment basis for all sessions and thus, requires that I provide 24 hours notice when canceling an appointment. Should I cancel a session with LESS than 24 hours prior notice, I will be charged in full for that session. I understand that Ascend Fitness Coaching recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.  
\_\_\_\_\_

I understand that during a coaching session, my trainer may have to use Hands On Training to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Hands On Training, I will immediately request that my trainer discontinue using this technique. \_\_\_\_\_

All the information I have medical information I have given in my client questionnaire is complete and accurate. I understand that all information I have given is strictly confidential. I understand that my fitness coach may consult my physician regarding my health history to ensure my safety. \_\_\_\_\_

I have read this agreement and understand all of its terms. I have initialed beside each statement to show that I have read and fully understand each term. I am aware that by signing this agreement I am waiving certain legal rights that my heirs, next of kin, executors, administrators and assigns or I have against Ascend Fitness Coaching. I sign it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
CLIENT (sign)

\_\_\_\_\_  
FITNESS COACH (sign)

\_\_\_\_\_  
Please print name.

\_\_\_\_\_  
Please print name.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

