

Balance Personal Fitness Trainer

Client Health Information Questionnaire

1. Do you currently have any medical conditions, or have you been diagnosed with any of the following? (CIRCLE all that apply)

- a. Heart disease or heart conditions
- b. High blood pressure (Hypertension)
- c. Low blood pressure
- d. Stroke or transient ischemic attack (TIA)
- e. Respiratory conditions (asthma, COPD, etc.)
- f. Diabetes or pre-diabetes
- g. Arthritis or joint conditions
- h. Seizures or epilepsy
- i. Back or neck issues
- j. Osteoporosis or bone fractures
- k. Cancer
- l. Kidney disease
- m. Thyroid conditions (hypothyroidism, hyperthyroidism)
- n. Chronic pain or fibromyalgia
- o. Other (please specify): _____

2. Are you currently taking any medication(s)?

- a. Yes (please list them):

- b. No

3. Do you have any allergies, including to medications, food, or environmental factors?

- a. Yes (please specify): _____
- b. No

Physical Activity and Exercise History

4. What is your current level of physical activity? (Circle)

- a. Sedentary (little or no exercise)
- b. Lightly active (light exercise or sports 1-3 days a week)
- c. Moderately active (moderate exercise or sports 3-5 days a week)

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- d. Very active (hard exercise or sports 6-7 days a week)
- e. Extremely active (intense daily exercise or athletic training)

5. Have you participated in a fitness program or exercise program in the past?

- a. Yes
- b. No

If yes, what type of exercise did you do?

6. How often do you currently exercise?

- a. Never
- b. 1-2 times per week
- c. 3-4 times per week
- d. 5-6 times per week
- e. Daily

7. What types of exercise do you currently enjoy or participate in? (Check all that apply)

- a. Walking
- b. Running or jogging
- c. Swimming
- d. Cycling
- e. Weightlifting or strength training
- f. Yoga or Pilates
- g. Group fitness classes (e.g., Zumba, spin)
- h. Other (please specify): _____

Health and Fitness Goals

8. What are your primary fitness goals? (Circle all that apply)

- a. Weight loss
- b. Increase muscle strength
- c. Improve flexibility
- d. Improve cardiovascular endurance
- e. Injury prevention
- f. Rehabilitation or recovery from injury

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- g. General health and wellness
- h. Improve athletic performance
- i. Other (please specify): _____

9. What obstacles or challenges do you face in achieving your fitness goals?

- a. Lack of time
- b. Injury or pain
- c. Motivation
- d. Equipment availability
- e. Lack of knowledge or experience
- f. Other (please specify): _____

Injury History and Special Considerations

10. Have you experienced any of the following injuries or conditions? (Circle all that apply)

- Sprains or strains
- Fractures
- Dislocations
- Tendonitis or bursitis
- Ligament or tendon injuries
- Knee or joint issues
- Back injuries
- Shoulder injuries
- Neck injuries
- Foot or ankle problems
- Other (please specify): _____

11. Have you had any surgeries in the past 5 years?

- Yes (please specify): _____
- No

12. Do you currently have any pain, discomfort, or limitation in your movement or flexibility?

- Yes (please describe): _____
- No

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Lifestyle and Health Habits

13. How would you rate your current diet and nutrition? (Circle that apply)

- Very poor
- Poor
- Fair
- Good
- Excellent

14. How many hours of sleep do you typically get each night? (Circle all that apply)

- Less than 4 hours
- 4-6 hours
- 6-8 hours
- 8-10 hours
- More than 10 hours

15. Do you smoke or use tobacco products?

- Yes
- No

16. Do you consume alcohol?

- Yes (how often): _____
- No

17. Do you experience any of the following on a regular basis? (Circle all that apply)

- Stress
- Anxiety
- Fatigue
- Insomnia
- Depression
- Chronic pain
- Other (please specify): _____

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Consent and Acknowledgment: *By signing below, I acknowledge that the information provided above is accurate and complete to the best of my knowledge. I understand that it is my responsibility to inform the Trainer of any changes to my health or medical condition that may affect my participation in exercise sessions. I agree to participate in fitness training voluntarily and assume all risks associated with it.*

Client's Signature: _____

Date: _____

Trainer's Signature: _____

Date: _____