

Fitness Programme Questionnaire

First Name

Surname

Gender

Date of Birth

Telephone

Email

Exercise Background

Have you any experience in using a gym? Yes No

What machines do you enjoy using?

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.....
.....

Have you ever had a structured exercise programme in the past? Yes No

If so, how did you find it?

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.....

How many times a week do you exercise at the moment?

Do you participate in any activities regularly at the moment? Eg. sport / at work

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Do you play any sports?

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.....

About your lifestyle

At work are you quite active or stationary?

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How many hours sleep do you get each night?

How many units of alcohol do you drink in an average week?

Do you smoke? If so, how many per day?

Continued overleaf

Goals & Achievements

What specific short term goals would you like to achieve from this programme?

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What specific long term goals would you like to achieve from this programme?

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How many days a week would you like to train?

Are you willing to exercise out with the gym (freedom work)?

Yes

No

How motivated would you say you are in achieving you goals?

.....

Test Phase

Blood Pressure

Weight

Height

Strength

Suppleness

Power

Strength Grip

Peak Flow

Data Protection : *enjoy leisure takes your privacy seriously and complies with GDPR. We will use your personal information to manage your customer account and provide the services you have requested from us. We will additionally use your data for reporting and profiling purposes. Our full privacy policy is available to view at enjoyleisure.com*

Health Disclaimer : *It is your responsibility to ensure that you can safely and comfortably follow you recommended activity programme. If at any time you feel dizzy, experience pain (rather than discomfort) or any other physical symptoms, stop exercising, tell a member of staff and consult your G.P. You undertake exercise at your own risk. Any liability on the part of Enjoy East Lothian Ltd and its staff is excluded unless negligence can be proven.*

I understand that, for my own health and safety, I may be asked to provide a Doctor's note before exercising.

Signed:

Date:

Instructor's appraisal:

Date: