



Background information

For the Personal Trainer

PLEASE FILL THE FOLLOWING FORM AS ACCURATELY AS POSSIBLE SO WE CAN MAKE YOU A PERSONAL TRAINING PROGRAM THAT WILL BEST SERVE YOUR NEEDS!

Personal information:

Name: _____

Date of birth: _____

Address: _____

mobile phone: _____

e-mail : _____

Job description: _____

Do you have a regular work schedule or do you have a shiftwork? _____

On average, how many hours do you work / study? _____

Height and weight? _____

**On the scale of 1-5, on what level would you estimate your training amount to be on?
(1= very little → 5= a lot) at the ages below, until your current age:**

15-20 v. ____ 21-30 v. ____ 31-40 v. ____ 41-50 v. ____ 51-60 v. ____ 61+ v. ____

How often have you exercised / done sports in the past year (for example per week)?

If you have exercised regularly in the past year, describe how you have trained:

Form of sports _____

The duration of each session _____ minutes (on average)

Efficiency _____ (1=very light, 3=reasonably heavy, 5=very efficient)

If you haven't done sports, what do you think are the reasons for that?

Compared to other people (same sex and age), how would you describe your fitness level?

How would you describe the condition of your cardiovascular organs and lungs?

What is your estimate on your current muscle strength?

Does any part of your body (eg. muscle) feel too stiff or too weak?

What is your estimate on your current flexibility level?

What kind of experiences do you have concerning sports?

What are your expectations and wishes on your upcoming personal training session? Describe freely:

How often and at what intensity are you willing and ready to train in order to accomplish your goals?

Have you ever had any of these illnesses:

| YES | NO | | YES | NO | |
|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | high blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | high blood cholesterol |
| <input type="checkbox"/> | <input type="checkbox"/> | heart disease | <input type="checkbox"/> | <input type="checkbox"/> | diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> | joint illness | <input type="checkbox"/> | <input type="checkbox"/> | back problems / illness |
| <input type="checkbox"/> | <input type="checkbox"/> | any cronic illnesses | <input type="checkbox"/> | <input type="checkbox"/> | pregnancy (now or in the past year) |

Have you suffered from any strain injuries in the past year? If you have, what kind?

Has your doctor ever prohibited you from exercising regularly? If your doctor has, why?

Other factors concerning sports or your health condition that should be taken into consideration when your personal training program is planned?

Do you suffer from chronic neck / shoulder line pains or stiffness? _____

How many hours do you sleep on average per night? _____

How many hours of the day do you use on watching TV or on using a computer (in your free time) _____

In Espoo ____/____/____

Signature: _____