

METROWEST YMCA-FRAMINGHAM

PERSONAL TRAINING INFORMATION & GOALS



Our goal is to provide each client with individualized attention, personalized instruction and multi-dimensional programming options that will significantly contribute to his/her fitness and wellness goals. To help us pair you with the most appropriate trainer, please fill out the following information and return to Katrina Ladd (kladd@metrowestymca.org) or drop it off at the Member Service desk.

Personal Information

Given Name: _____ Chosen/ Nickname: _____

Date: _____ PHONE: (____) ____-____ E-MAIL: _____

Age: _____ Sex: _____ Referred by: _____

What is the best way to contact you (circle)? Phone E-mail

Is texting ok (circle)? Yes No

Do you have a trainer you wish to work with? If so, who? _____

Scheduling

1. How often would you like to meet with a trainer (circle)?

1x/week 2x/week 3x/week Fit. Assessment Other _____

2. What are the best days and times for you to meet with a trainer (please be specific)?

| <i>Monday</i> | <i>Tuesday</i> | <i>Wednesday</i> | <i>Thursday</i> | <i>Friday</i> | <i>Saturday</i> | <i>Sunday</i> |
|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|
| <i>AM</i> | <i>AM</i> | <i>AM</i> | <i>AM</i> | <i>AM</i> | <i>AM</i> | <i>AM</i> |
| <i>PM</i> | <i>PM</i> | <i>PM</i> | <i>PM</i> | <i>PM</i> | <i>PM</i> | <i>PM</i> |

3. Do you have flexibility in the availability you provided (circle one)? Yes No

Goals

4. Please rate your confidence in your ability to use the facilities to workout on your own (circle).

1-No 2 3 4 5- 6 7 8 9 10-
confidence Somewhat Extremely
confident confident

METROWEST YMCA-FRAMINGHAM
PERSONAL TRAINING INFORMATION & GOALS



5. What is the reason or motivation for starting an exercise program/ begin working with a trainer?

6. What are your health & fitness goals (check all that apply)?

| General Health | Fitness | Functional |
|----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Weight management | <input type="checkbox"/> Increase aerobic capacity | <input type="checkbox"/> Improve balance |
| <input type="checkbox"/> Lower cholesterol | <input type="checkbox"/> Increase muscular strength | <input type="checkbox"/> Improve posture |
| <input type="checkbox"/> Improve body composition | <input type="checkbox"/> Improve flexibility | <input type="checkbox"/> Reduce back pain |
| <input type="checkbox"/> Reduce stress | <input type="checkbox"/> Sports specific training | <input type="checkbox"/> Strengthen core (abs/back) |
| <input type="checkbox"/> Reduce my risk of disease | Specify Sport: | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | |

Please list any goals not indicated above:

7. In addition to helping you achieve your fitness goals, what things are you looking for in a trainer (i.e. motivation, accountability)?

8. How often are you committed to train per week, outside of your personal training session(s) (circle one)?

1 2 3 4 5 6 7

9. Which of the following best describes your current training practices (circle one)?

- ☐ Sedentary- little or no recent history of training structure
- ☐ Beginner- new to training within the past 6 months
- ☐ Intermediate- resistance or fitness-oriented individual who is currently well-conditioned with a minimum of 1 year of training, wishing to maximize my potential
- ☐ Advanced- resistance or fitness-oriented individual who is currently well-conditioned with a minimum of 3 years of training, wishing to maximize my potential

10. Do you currently exercise (circle)? Yes No

a. If yes, please explain your program (i.e. how many days a week? What type of training?)

METROWEST YMCA-FRAMINGHAM
PERSONAL TRAINING INFORMATION & GOALS



b. If yes, what type of equipment do you like to use?

11. Have you worked with a trainer before (circle)? Yes No

12. What worked well with that trainer?

13. What didn't work well with that trainer?

14. Do you have any injuries (past or present)? Please explain.

15. Do you know what length session and package you are interested in (please circle)?

| Assessments | InBody Scan | Fitness Assessment |
|--------------------------|------------------|------------------------------|
| Personal Training | | |
| Length of session | One-on-One | Semi-Private Two Members |
| 1 hour | One Session: | One Session: |
| | Five Sessions: | Five Sessions |
| | Ten Sessions: | Ten Sessions: |
| | Twenty Sessions: | Twenty Sessions each member: |
| 30 minutes | One Session: | One Session: |
| | Five Sessions: | Five Sessions: |
| | Ten Sessions | Ten Sessions each member: |
| | Twenty Sessions: | Twenty Sessions each member: |