



## Client Questionnaire

### Questions (Medical)

- 1 What and when was your last injury? \_\_\_\_\_
- 2 Have you ever been hospitalized? \_\_\_\_\_
- 3 Have you ever had surgery? \_\_\_\_\_
- 4 Do you take any medication that can hinder or affect your workouts and/or health?  
\_\_\_\_\_
- 5 Are you allergic to any certain types of medication? \_\_\_\_\_
- 6 Any family history of disease or any types of disorders? \_\_\_\_\_
- 7 When was the last time you got a cold? \_\_\_\_\_
- 8 Do you get sick often? \_\_\_\_\_

### Questions (Family)

- 1 How was it like growing up in your house? Explain environment etc \_\_\_\_\_  
\_\_\_\_\_
- 2 Do you have a good relationship with your family? \_\_\_\_\_
- 3 Is family important to you? \_\_\_\_\_
- 4 How does your family treat food? \_\_\_\_\_
- 5 Does your family support your endeavors? Spouse? \_\_\_\_\_
- 6 Does your family know about you working with a trainer? Why or why not is it important for you? \_\_\_\_\_
- 7 Do you share common goals with any of your family members? What goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8 Does any of your family struggle with weight or has a negative relationship with food? \_\_\_\_\_
- 9 If you could describe yourself as a tool in the kitchen, when compared to your family, what kitchen appliance would you be and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Questions (Physical)

- 1 What is your experience (if any) working with a trainer? \_\_\_\_\_  
\_\_\_\_\_
- 2 What kind of workouts have you done in the past (if any)? \_\_\_\_\_  
\_\_\_\_\_
- 3 When is the last time you worked out, and why did you stop? \_\_\_\_\_  
\_\_\_\_\_
- 4 Do you see exercise (movement) as a negative or positive thing? Why? \_\_\_\_\_  
\_\_\_\_\_
- 5 What are things you enjoy doing? \_\_\_\_\_  
\_\_\_\_\_
- 6 What things do you not enjoy doing? \_\_\_\_\_  
\_\_\_\_\_
- 7 Any past injuries that I should know about? \_\_\_\_\_  
\_\_\_\_\_
- 8 Any pain with any movement? \_\_\_\_\_  
\_\_\_\_\_

### Questions (Nutrition)

- 1 What kind of nutritional plans (diets) have you tried in the past? \_\_\_\_\_  
\_\_\_\_\_
- 2 What seemed to work for you in the past? \_\_\_\_\_  
\_\_\_\_\_
- 3 Does that nutritional plan still serve you? Why? \_\_\_\_\_  
\_\_\_\_\_
- 4 Explain your relationship with food in the past. \_\_\_\_\_  
\_\_\_\_\_
- 5 Explain your current relationship with food. \_\_\_\_\_  
\_\_\_\_\_
- 6 What do you enjoy eating? \_\_\_\_\_
- 7 What do you not enjoy eating? \_\_\_\_\_
- 8 Do you think you eat too much or too little? \_\_\_\_\_
- 9 Do you dine out a lot? How often? \_\_\_\_\_

### Questions (Personal)

1. What is your profession? \_\_\_\_\_
- 2 Why did you reach out to me? \_\_\_\_\_  
\_\_\_\_\_
- 3 What do you want to accomplish after working with me (goals)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4 Why are these goals important to you (go through each)? \_\_\_\_\_

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5 Are these goals motivating factors for you to continue? Why? \_\_\_\_\_

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6 How important is it for you to accomplish your goals? \_\_\_\_\_

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7 What is it that you can't live without right now? \_\_\_\_\_

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8 What does health mean to you? \_\_\_\_\_

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9 Do you pray or meditate? \_\_\_\_\_

10 Would you consider yourself generally happy? Why or why not? \_\_\_\_\_

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11 When was the last time you did something for you? What was it? \_\_\_\_\_

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12 What do you feel like right now is holding you back from achieving your goals?

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13 In a perfect world, describe your day. \_\_\_\_\_

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