

**UIC FitWell Center-Personal Training Program  
Activities and Goals**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  M or F

Today's Date: \_\_\_\_\_

1. List three reasons why you are interested in personal training:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

2. What do you want exercise to do for you? Please assign a number (from the scale below) to ALL of the following statements. (i.e. if your number one goal is to lose body fat- then place a 1 to the left of body-fat weight loss)

\*\*\* You may use the numbers more than once \*\*\*

*Extremely Important* 1     2     3     *Somewhat Important* 4     5     6     7     *Not at all Important* 8     9     10

- |   |  |
|---|--|
| <input type="checkbox"/> Improve cardiovascular fitness           | <input type="checkbox"/> Improve moods and ability to cope with stress |
| <input type="checkbox"/> Body-fat weight loss                     | <input type="checkbox"/> Improve flexibility                           |
| <input type="checkbox"/> Reshape or tone my body                  | <input type="checkbox"/> Increase energy level                         |
| <input type="checkbox"/> Feel better                              | <input type="checkbox"/> Enjoyment                                     |
| <input type="checkbox"/> Improve performance for a specific sport | <input type="checkbox"/> Other: _____                                  |

3. What types of exercise interest you? (check all that apply)

- |                   |                    |                        |
|-------------------|--------------------|------------------------|
| Walking           | Tennis             | Rowing                 |
| Racquetball       | Football           | Group Fitness/Aerobics |
| Strength Training | In-line Skating    | Stretching             |
| Basketball        | Jogging            | Soccer                 |
| Water Activities  | Competitive Sports | Swimming               |
| Other: _____      |                    |                        |

4. List any current activities that you consider exercise:

<u>Activity</u>	<u>Day(s)/Week</u>	<u>Minutes/Sessions</u>	<u># of Months</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. If you currently train for muscular strength and/or endurance, please respond to the following:

What strengthening equipment or methods do you use?

- Free weights
- Selectorized machines
- Equipment from water sessions
- Rubberized resistance
- Body weight exercises
- Cardiovascular equipment
- Group fitness sessions
- Other: \_\_\_\_\_

How many sets per muscle groups do you perform?

- 1-3 sets     4-6 sets     7+ sets

How many repetitions do you usually perform?

- <6     6-10     8-12  
 12-15     15-20     >20

Describe your strength-training program:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Which areas do you emphasize during your workout?

- |                                     |                                    |                                       |
|-------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Chest      | <input type="checkbox"/> Shoulders | <input type="checkbox"/> Triceps      |
| <input type="checkbox"/> Lower back | <input type="checkbox"/> Biceps    | <input type="checkbox"/> Hamstrings   |
| <input type="checkbox"/> Abdominals | <input type="checkbox"/> Calves    | <input type="checkbox"/> Quads        |
| <input type="checkbox"/> Back       | <input type="checkbox"/> Neck      | <input type="checkbox"/> Other: _____ |

List any exercise equipment you currently have at home. (Ex: dumbbells, treadmill, resistance bands) \_\_\_\_\_

6. Do you currently take any nutritional supplements or follow any special diet (such as vegetarian, low calorie, etc.)?  
\_\_\_\_\_

7. Circle the meals you consume in an average day (including snacks):

Breakfast       Snack       Lunch       Snack       Dinner       Snack

8. I think I am ...  
Very underweight       Somewhat underweight       Normal weight   
Somewhat overweight       Very overweight

9. From looking at me, most other people would think I am ...  
Very underweight       Somewhat underweight       Normal weight   
Somewhat overweight       Very overweight

10. How many hours do you work per week? \_\_\_\_\_

11. How do you spend most of your time at work? (check one)

Sitting at a desk      Walking      Driving      Standing      Carrying loads      Other \_\_\_\_\_

12. Indicate how do you deal with daily stress?

Not coping well      1      2      3      4      5      6      7      8      9      10      Coping well

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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13. Have you ever begun an exercise program and then stopped?  Yes      No

If yes, when? \_\_\_\_\_

How long had you been exercising? \_\_\_\_\_

Why did you stop? \_\_\_\_\_

14. How much time are you willing to devote training with a personal trainer?

30 minute       1 hour sessions  (please circle)      Days per Week \_\_\_\_\_

15. Availability (Preferable Training Schedule)

Please provide as many options as possible

Best Days Available      Best Time Options (am/pm)

1. Example: Tuesdays

4:00-7:00 pm

2.

3.

Please circle where you want to train at: EAST CAMPUS  or WEST CAMPUS

How flexible is your schedule? \_\_\_\_\_

In consideration for the acceptance of my entry, I, for myself, my executor, administration, and assignees, do hereby release and discharge the Board of Trustees of the University of Illinois at Chicago, its officers, agents, representatives and employees, from any and all demands, actions, causes of action and claims of liability for any and all trauma, injury, damage, expense, handicap, disability or death which might or does result from my participation in the Personal Training Programs. I certify that I assume and will pay my own medical and emergency expenses in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expense, and that I am physically fit to participate in this program.

My signature indicates that I have fully read and understand this Personal Training Program participant waiver and that I assume all risks incurred by my participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_