UIC Personal Training Program
Activities and Goals

Today’s Date: ___________________
First Name: ____________________  Last Name: ____________________

1. List three reasons why you are here today:
   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 ***

<table>
<thead>
<tr>
<th>Extremely Important</th>
<th>Somewhat Important</th>
<th>Not at all Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   _Improve cardiovascular fitness_  _Improve moods and ability to cope with stress_
   _Body-fat weight loss_  _Improve flexibility_
   _Reshape or tone my body_  _Increase energy level_
   _Feel better_  _Enjoyment_
   _Improve performance for a specific sport_  _Other: _______________

3. What types of exercise interest you? (circle 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:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Day(s)/Week</th>
<th>Minutes/Sessions</th>
<th># of Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

______________________________________________
- __Chest__
- __Shoulders__
- __Triceps__

______________________________________________
- __Lower back__
- __Biceps__
- __Hamstrings__

______________________________________________
- __Abdominals__
- __Calves__
- __Quads__

______________________________________________
- __Back__
- __Neck__
- __Other: ________

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? (circle 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

13. Indicate your energy level:

Low energy    1  2  3  4  5  6  7  8  9  10    High Energy

14. Have you ever begun an exercise program and then stopped? __________

Yes    No

If yes, when? ____________________________

Why did you stop? ____________________________

15. How much time are you willing to devote to an exercise program?

30 minute or 1 hour sessions ______    Days per Week ______

16. Availability (Preferable Training Schedule)

East or West Campus ________    Time(s) ________    Day(s) of Week ________

_________________________________________________________________________

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: ____________