UIC Personal Training Program
Activities and Goals

Today’s Date: ________________

First Name: _________________ Last Name: __________________

Gender: M or F

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>
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   _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
   - Racquetball
   - Strength Training
   - Basketball
   - Water Activities
   - Tennis
   - Football
   - In-line Skating
   - Jogging
   - Competitive Sports
   - Rowing
   - Group Fitness/Aerobics
   - Stretching
   - Soccer
   - Rubberized resistance
   - 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>
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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_  _How many sets per muscle groups do you perform?_
   _Rubberized resistance_
   _Body weight exercises_  _How many repetitions do you usually perform?_
   _Cardiovascular equipment_  _<6_  _6-10_  _8-12_
   _Group fitness sessions_  _12-15_  _15-20_  _>20_
   _Other: __________________
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 many times per week do you plan to exercise over the next month? ____

Year? ________

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

Minutes/Day ____  Days/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: _____________