

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 ***

<i>Extremely Important</i>	<i>Somewhat Important</i>	<i>Not at all Important</i>
1 2 3	4 5 6 7	8 9 10

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

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

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

What strengthening equipment or methods do you use?

- | | |
|--|---|
| <input type="checkbox"/> Free weights
<input type="checkbox"/> Selectorized machines
<input type="checkbox"/> Equipment from water sessions
<input type="checkbox"/> Rubberized resistance
<input type="checkbox"/> Body weight exercises
<input type="checkbox"/> Cardiovascular equipment
<input type="checkbox"/> Group fitness sessions
<input type="checkbox"/> Other: _____ | <p>How many sets per muscle groups do you perform?</p> <input type="checkbox"/> 1-3 sets <input type="checkbox"/> 4-6 sets <input type="checkbox"/> 7+ sets |
| | <p>How many repetitions do you usually perform?</p> <input type="checkbox"/> <6 <input type="checkbox"/> 6-10 <input type="checkbox"/> 8-12
<input type="checkbox"/> 12-15 <input type="checkbox"/> 15-20 <input type="checkbox"/> >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: _____ |

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. 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.
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: _____