Personal Training Interest Form

Name ____________________________

Age ________

Date of Birth __________

Affiliation (circle one)
- Fac/Staff
- Student
- Stark State Fac/Staff
- Senior Guest

Gender (circle one)
- Male
- Female

Weight ________

Height ________

How many sessions are you interested in per week? ________

Trainer Preference (circle one)
- Male
- Female

When do you prefer sessions? (circle one)
- 6-10am
- 10-12pm
- 12-2pm
- 2-4pm
- 4-6pm

What are your goals for your training sessions?
- Weight Loss _____
- Dr’s Recommendation _____
- Overall Health _____
- Personal Enjoyment _____
- Stress Relief _____
- Improved Strength _____
- Improved Flexibility _____
- Other ___________________________________________________________

If weight loss is a goal, how long have you been at your current weight? ________

Have you ever been on a weight reduction plan before? (circle one) Yes No

If yes, when was it/ for how long? ________

Was it doctor prescribed? (circle one) Yes No

Do you exercise regularly or play sports regularly? (circle one) Yes No

If yes, what kinds? __________________________________________________________________________

What types of activity do you:

Enjoy? ___________________________________________________________________________________

Dislike? __________________________________________________________________________________

Do you currently smoke (circle one) Yes No

If yes, how much? ________________________________

Do you drink alcoholic beverages (circle one) Yes No

If yes, how much/often? _________________________

Do you currently eat fast food (circle one) Yes No

If yes, how often? ______________________________

Do you drink caffeinated beverages? (circle one) Yes No

If yes, how much/often? _________________________

Do you feel you get proper, restful sleep at night? (circle one) Yes No

How many hours? ________