

HEALTH QUESTIONNAIRE & PERSONAL TRAINING

Initial assessment before starting personalised fitness coaching

Purpose of this document:

To better understand your health, background, goals and constraints so that sessions can be adapted safely. Please answer accurately. If there is medical uncertainty, the coach may request your doctor's opinion before you begin or continue physical activity.

A. IDENTITY AND CONTACT DETAILS

1. Personal information

Surname:	First name:
Date of birth:	Occupation:
Telephone:	Email:
Address:	Postcode / Town:

2. Emergency contact

Full name:	Relationship to you:
Telephone:	Treating doctor (optional):

B. HEALTH AND SAFETY

3. How would you rate your current general health?

☐ Very good ☐ Good ☐ Fair ☐ Poor / vulnerable

4. Has a doctor ever advised you against physical activity or restricted it?

If yes, specify the reason and recommendations.

☐ No ☐ Yes

5. Do you currently have, or have you ever had, any of the following conditions?

State the diagnosis, date and current situation.

☐ Heart / blood pressure ☐ Respiratory ☐ Metabolic / diabetes ☐ Neurological ☐ Other

6. Do you experience symptoms during exercise or at rest?

Specify frequency, circumstances and the most recent occurrence.

☐ Chest pain ☐ Unusual breathlessness ☐ Dizziness / faintness ☐ Palpitations ☐ None

7. Do you have current or past pain, injuries, operations or joint limitations?

Affected area, diagnosis if any, date, treatment received and movements to avoid.

8. Are you receiving treatment or taking medication that may affect exercise?

Name / purpose of treatment, useful precautions (do not stop treatment without medical advice).

☐ No ☐ Yes

9. Is there any particular situation to consider?

☐ Pregnancy / postpartum ☐ Allergy ☐ Disability ☐ Recent illness ☐ None ☐ Other

C. SPORTING BACKGROUND AND CURRENT LEVEL**10. What is your sporting background?**

Sports, level, years of practice, consistency, competitions and date of your last active period.

11. What physical activity do you currently do in a typical week?

Type, frequency, duration, intensity, daily steps or active travel habits.

12. Which exercises do you enjoy, and which would you like to avoid?

Also mention any fears, negative experiences or preferences regarding coaching.

D. GOALS AND EXPECTATIONS

13. What are your priority goals?

Rank your top 1 to 3 priorities and describe your desired outcome.

☐ Health / energy ☐ Weight loss ☐ Muscle gain ☐ Strength ☐ Mobility ☐ Performance ☐ Wellbeing

14. Do you have a deadline and measures of success?

Date, weight or measurements if relevant, physical abilities, clothes, pain, sleep, confidence, etc.

15. What specifically do you expect from your coach?

Describe what would help most and what you do not want.

☐ Sessions ☐ Independent programme ☐ Nutrition ☐ Motivation ☐ Technique ☐ Follow-up / measurements

E. LIFESTYLE, SLEEP AND STRESS

16. Describe your daily routine and main constraints.

Sedentary or physical work, hours, travel, family responsibilities, available time and training environment.

17. How are your sleep, recovery and energy levels?

Hours per night: _____ Quality /10: _____ Energy /10: _____ Waking, irregular hours, night work, fatigue.

18. What is your current stress level and how do you manage it?

Stress /10: _____ Main sources, effects on sleep, nutrition or training, and strategies that help.

19. What are your lifestyle habits?

Tobacco / nicotine, alcohol, hydration, sitting time, leisure and recovery. State frequency and quantity where relevant.

F. NUTRITION AND SUPPLEMENTS

20. Describe a typical day of eating.

Breakfast, meals, snacks, drinks, times, approximate quantities and weekend differences.

21. Do you follow a diet, or have food allergies, intolerances or eating difficulties?

You may also mention snacking, compulsive eating, digestive problems or a history of eating disorders if you wish to inform the coach.

☐ None ☐ Vegetarian / vegan ☐ Allergy / intolerance ☐ Medical restriction ☐ Other

22. Do you take supplements or performance-enhancing products?

Product, brand, dose, frequency, reason and how long. Also mention caffeine, energy drinks or other relevant substances.

☐ No ☐ Yes

23. Which nutrition topics would you like support with?

Expectations, difficulties and changes you feel ready to try.

☐ Meal structure ☐ Protein ☐ Calories / portions ☐ Hydration ☐ Supplements ☐ Organisation

G. MOTIVATION, ORGANISATION AND FOLLOW-UP

24. Why do you want to start now?

Motivation /10: _____ Confidence in success /10: _____ Main driving force and main obstacle.

25. What coaching arrangements suit you?

Coached sessions per week:	Days and times:
Session duration:	Location:
Possible independent sessions per week:	
Available equipment:	
Budget or constraints to mention:	

26. How would you like to measure progress and communicate between sessions?

Review frequency: _____ Channel: ☐ WhatsApp ☐ Email ☐ App ☐ Other: _____ Reminders / desired level of follow-up:

☐ Weight ☐ Measurements ☐ Photos ☐ Fitness tests ☐ Wellbeing ☐ Training log

H. SUMMARY AND VALIDATION**27. The three priorities agreed for the coaching plan****28. Precautions, adaptations or medical referral agreed with the coach****Declaration and consent**

I confirm that I have answered honestly to the best of my knowledge and will inform the coach of any health change, pain or symptom. I understand that this questionnaire is neither a diagnosis nor medical advice. I authorise confidential processing of this information solely to organise my fitness coaching and ensure its safety, in accordance with applicable law. I may request access to, correction or deletion of my data, subject to legal obligations.

☐ I confirm the information is accurate ☐ I consent to the confidential processing described above

Place and date:	Client signature:
Coach name:	Coach signature:

Decision before starting: ☐ Activity possible under the agreed plan ☐ Adaptations needed ☐ Medical opinion / certificate requested