

IRONONLINE NEW CLIENT QUESTIONNAIRE

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Email address: _____ (please print carefully)

Gender: _____ Male _____ Female Occupation: _____

Day Phone: _____ Evening: _____ Cell: _____

ONLINE TRAINING PROGRAM INFORMATION

What personal training service are you purchasing?

3-Month Package: _____ 1-Month Program: _____ Follow-up Month: _____

Group Training (which program?): _____

Specialized Program (pre-arranged with trainer): _____

When would you like to begin and which trainer you would like to work with? _____

Additional comments related to your program arrangements:

PHYSICAL ACTIVITY HISTORY AND EQUIPMENT AVAILABILITY

Height: _____ Weight: _____ Age: _____ Current bodyfat (if known): _____

Do you consider yourself: Overfat? _____ Skinny? _____ If yes to either, for how long? _____

Sleep habits (how long, how well): _____

Living arrangement (family/kids—anything that would have an effect on training, otherwise leave blank):

Job and commute (stress level, how many days a week, how many hours at work, how long a drive— anything that would have an effect on training, otherwise leave blank):

Please describe your training history (how many months or years, how consistent, what type of training, ie weight training, cardio, sports, etc):

In the past three months, how often have you engaged in physical activity?

_____ 3 or more times a week _____ 2 times a week _____ Less than once a week

What's your current exercise regime (how often, how long, what type of training and training split, how much cardio, if any)?

Do you train at a commercial gym or at home, or both?

Please describe the equipment available to you. For instance: Power rack? Deadlifting platform? Adjustable dumbbells or fixed? Cable station? Kettlebells? Stability Ball? What type of cardio equipment?

Which days of the week are you able to train, and how much time per session?

TRAINING GOALS AND EXPECTATIONS

What is your primary training goal?

Secondary training goal?

What are your personal barriers for not sticking to your previous program?

NUTRITIONAL CONSIDERATIONS

What's your diet like? Please list an average day's macronutrient breakdown:

Total calories: _____ Percent of protein _____ fat _____ carbs _____

Any other comments on your diet?

If your primary goal is fat loss or weight gain, you may be asked to record your daily food intake in order to set up a personalized menu for you.

Do you take any supplements? If yes, which, how much and how often?

MEDICAL INFORMATION

Note: Our trainers are not medical professionals and are not able to give medical advice or determine medical conditions. Please see a doctor if you have medical questions, or prior to training if you're just beginning your exercise program or are over 40 years of age.

How do you feel physically (ie good energy or low energy)?

Do you have any injuries or physical limitations?

ADDITIONAL INFORMATION

Is there anything else your trainer might need to know about you or your training circumstances in order to create an effective program for you?

If you have not already done so, you'll need to make payment arrangements with Laree or via the davedraper.com online store in order to proceed past this initial questionnaire. Once your payment has been received, your personal forum will be created and your trainer will evaluate your questionnaire and return with any additional information requirements. Here's to your training success!