

## Member Interview Sheet

Name \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Birthdate \_\_\_\_\_

Current Exercise/Activity Status:  Sedentary  Slightly Active  Moderately Active  Exercise Regularly

### Exercise Experience

Have you ever been engaged in a regular exercise program? \_\_\_\_\_

What type of cardiovascular exercise have you tried? \_\_\_\_\_ How often? \_\_\_\_\_

Have you tried strength training in the past? \_\_\_\_\_ How often? \_\_\_\_\_

Are you more comfortable w/ free weights or machines? \_\_\_\_\_

Is there any equipment or specific exercise that has discouraged you in the past? \_\_\_\_\_

Have you incorporated flexibility into your program now or in the past? \_\_\_\_\_

Have you ever felt intimidated by certain equipment or other members in a fitness center? \_\_\_\_\_

If you have tried an exercise program in the past, what factors do you think may have kept you from success?  
\_\_\_\_\_

### Medical History

Are you currently or have you ever experienced any of the following conditions?

Heart Condition  Stroke  High Blood Pressure  Cancer  Diabetes  Arthritis  
 Osteoporosis  Anemia  High cholesterol  Seizures  Hernia  Asthma  
 Emphysema  Aneurism  Thyroid Disorder  Fainting  Obesity  Other

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or do you currently have pain or discomfort in the following areas?

Neck  Shoulder  Elbow  Wrist  Back  Knee  Leg  Ankle  Foot  Other

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any surgery within the past few years? \_\_\_\_\_

Have any of the conditions listed above prevented you from engaging in a successful exercise program in the past?  
\_\_\_\_\_  
\_\_\_\_\_

### Lifestyle

How many hours a week do you work? \_\_\_\_\_

Are you responsible for the regular care of someone else (child, parent, spouse, etc.)? \_\_\_\_\_

How much time are you willing to devote to an exercise program? \_\_\_\_\_ Min/Session \_\_\_\_\_ Days/Week

What are some specific goals you would like to accomplish? (Fitness, Increase Energy, Reduce Stress, Weight Loss, etc)  
\_\_\_\_\_

How often would you rate your stress level as high?  Occasionally  Frequently  Constantly

Are you ready to take time out of your busy life to take care of your health? \_\_\_\_\_