

EXERCISE HISTORY



Tour by:

Name: Date:

Address: P'Code:

Phone (W): (A.H.) Mobile:

How did you hear about the club? Leaflet Referral Yellow Pages Casual Other:
 Newspaper Special Ex Member Sign

Have you joined a fitness club before? YES NO If YES, is your membership current?

Are you presently exercising? YES NO

Please complete if YES. ↓

Please complete if NO. ↓

What type of exercise?

How many times per week?

How long have you been doing it?

Have you been consistent?

Are you getting the results you want? Yes No

If Yes, what brings you here today?

If No, describe the inadequacies of your current program.

Have you done any structured exercise?

What was it?

How long ago?..... Times per week?

How long did you stick with it?

Did you get the results you wanted?

If you did, why did you stop?

If not, what was needed to make it a successful program?

How would you describe your current condition?

Why are you in this condition?

What results do you want to achieve?

- | | | |
|--|--|---|
| Weight loss / Reduce Body Fat <input type="checkbox"/> | Stress Management <input type="checkbox"/> | Sports Conditioning <input type="checkbox"/> |
| Firm up / Increase Tone <input type="checkbox"/> | Improve Self Esteem <input type="checkbox"/> | Body Sculpting / Shaping <input type="checkbox"/> |
| Increase Endurance / Fitness <input type="checkbox"/> | Improve Confidence <input type="checkbox"/> | Body Building / Strength <input type="checkbox"/> |
| Increase Energy Level <input type="checkbox"/> | Feel and Look Good <input type="checkbox"/> | Other |

When would you like to achieve your results by?month. How many times a week?

How important is it to achieve those results? What time of the day would you prefer to exercise?

How long have you been thinking about starting an exercise program?

On a scale of 1-10, how serious are you about getting started straight away?

What has kept you from starting sooner?

- | | | | |
|--|---|----------------------------------|------------------------------------|
| Work <input type="checkbox"/> | Family Commitments <input type="checkbox"/> | No Time <input type="checkbox"/> | Transport <input type="checkbox"/> |
| Procrastination <input type="checkbox"/> | No Money <input type="checkbox"/> | Apathy <input type="checkbox"/> | Injury <input type="checkbox"/> |

Is that still a problem? Do family and friends support you in starting an exercise program?