


KENT STATE
UNIVERSITY
S T A R K

RECREATION & WELLNESS

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? _____