

MASTER TRAINER PERSONAL TRAINING ASSESSMENT FORM

Full Name	
Street Address	
City/State or Province/Zip or Postal Code	
Country (if not U.S)	
Daytime Telephone Number (include a/c)	
Eve/Weekend Telephone Number (include a/c)	
Fax Number	
Email Address	
What day(s) are best for you to participate in our personal coaching sessions?	<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN
What times of day are best for you to participate in our personal coaching sessions?	<input type="checkbox"/> 9-12AM <input type="checkbox"/> 12-3PM <input type="checkbox"/> 3-6PM <input type="checkbox"/> 6-9PM
Date of Birth (dd/mm/yyyy)	
Weight	<input type="text"/> LB <input type="text"/> kg
Height	<input type="text"/> in <input type="text"/> cm
Body Measurements Chest _____ in Waist _____ in Hips _____ in Arm (Biceps) _____ in Percent Body Fat _____ %	
If you can send a full-length photo of yourself, that will be helpful.	
Please describe your training goals, as precisely as you can:	
How would you describe your progress in strength and muscular development during the last year?	<input type="checkbox"/> Minimal <input type="checkbox"/> Some but less than expected <input type="checkbox"/> Inconsistent <input type="checkbox"/> Good <input type="checkbox"/> Excellent

Describe your current weight training program, i. e., how long does each workout last, what exercises do you do each day, how many repetitions and sets do you do for each movement, how much weight do you use per set, how quickly d you perform each repetition.

(NOTE: If you'd like to send photocopies of some training logs instead of or in addition to the information you provide here, please feel free to do that.)

DAY	TRAINING DESCRIPTION
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

What part(s) of your current weight training program do you **like the most**?

What part(s) of your current weight training program do you **like the least**?

On a scale of 1 - 7, where 7 means VERY SURE and 1 means VERY UNSURE, how sure are you that you can make gains in strength and muscular development?

1	2	3	4	5	6	7
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Describe your current **aerobics training** program, i. e., how long does each workout last, what exercises do you do each day, how many repetitions and sets do you do for each movement, how much weight do you use per set, how quickly d you perform each repetition.

(NOTE: If you'd like to send photocopies of some training logs instead of or in addition to the information you provide here, please feel free to do that.)

DAY	TRAINING DESCRIPTION
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

What part(s) of your current aerobics program do you **like the most**?

What part(s) of your current aerobics program do you **like the least**?

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On a scale of 1 - 7, where 7 means VERY SURE and 1 means VERY UNSURE, how sure are you that you can make gains in your cardiovascular fitness?

1	2	3	4	5	6	7
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In addition to the training you've already described, do you also....

Participate regularly in any sport or recreational activities? YES NO

Have a physically demanding job? YES NO

Describe the kinds of equipment you have access to for your training -- both weight training and aerobic training. For example, at-home gym (describe what you have), membership in health club (describe the equipment, e. g., free weights, Nautilus™ machines)

If you have any physical problems or limitations, chronic ailments or injuries that may affect your ability to train, please describe those here:

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Please tell me what you eat in a normal day:

BREAKFAST	
LUNCH	
DINNER	
SNACKS	

About how many calories do you consume during a normal day? _____

What supplements, including vitamins, herbs, etc., do you take regularly?

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What are your normal sleep patterns, e. g., about how many hours do you sleep each night, do you have regular sleep/wake times?

Do you smoke or chew tobacco? _____ YES _____ NO

If yes, how much? _____

Do you drink alcohol, including beer and wine? _____ YES _____ NO

If yes, how much? _____

Are there any unusual stresses in your life that may affect your training, e. g., frequent business travel, shift work, family responsibilities? If so, please describe those here:

THE END!

Please mail this assessment, along with any other information and/or photos you may wish to include to:

Master Trainer
610 No. Main Street, Suite 221
Blacksburg, VA 24060

Master Trainer regrets that it cannot return any photos or logs you send so please be sure that you can 'bear to part' with those you send!

Thank you. I will contact you via email (be sure you included your CORRECT email address) to discuss your assessment form and set up a time/day for our first personal coaching consultation.

Richard Winett, Ph. D.
Publisher
Master Trainer