

PERSONAL NEEDS ANALYSIS

Name.....

Date.....

Address.....

.....

E-mailaddress.....

Phone(Home).....(Work).....

(Mob).....

Have you undertaken any form of exercise within the last six months?

No---Yes

if so what?.....

Have you been a member of a gym or fitness club before

No Yes

If so what was your reason for leaving.....

What has prevented you from starting previously?.....

.....

.....

Please tick any of these personal goals that you might like to achieve whilst at focus on fitness. Please also circle your most important goal.

Fitness&Stamina	Tone&Firming
WeightLoss/FatReduction	StressRelief
Bodybuilding	Strength
Flexibility	ImproveGeneralHealth
RehabilitateInjury	SportsPerformance
WeightGain	

How important is it for you to achieve these goals? _____

(10-Veryimportant987654321-NotVeryImpo rtant)

At what time of day would be more convenient for you to exercise?_____

Occupation:.....

Willyoubexercisingwithafriendorfamilymember NoYes

Are you pregnant or have any injuries/ or medical condi tions that may affect your health and well-being at any time?.....

Are you on any medication?.....

Howdidyouhearabouttheclub?

Newspaper__ Friend/Family__ Flyer__

Location__ Other.....

Pleasebringthiswithyoutothegym