# Personal Trainer Assessment

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| Client Name: | |  | | | | | | | |
| Age: |  | | | Weight: |  | Height: |  | Body Fat %: |  |
| Personal Trainer: | | |  | | | | | | |

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| **Area Tested** | **Score** | **Comments** |
| Blood Pressure – At Rest |  |  |
| Blood Pressure – After Workout |  |  |
| Heart Rate – At Rest |  |  |
| Heart Rate – After Workout |  |  |
| Number of sit-ups per minute |  |  |
| Flexibility |  |  |
| Number of push-ups per minute |  |  |
| Step Test |  |  |

1. What does the client hope to accomplish from the personal training sessions?

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1. Does the client have realistic goals regarding how much their body will improve during the physical fitness training sessions? Does the client fully understand that there aren’t any fast miracles and that improving personal health will take time, determination, and consistency? Does the trainer think that when the client goes through a period where no noticeable change is experienced that they will become discouraged and quit?

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1. Does the client have any physical restrictions that will make it difficult for them to obtain long term goals?

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1. Does the client intend to work on physical fitness levels when at home or does the client only intend to do a couple of sessions each week at the gym?

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1. If the client intends to add at-home daily workout routines to daily life routines, does the client have exercise equipment? If yes, is the equipment in good enough condition to be safely used?

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1. How many healthy food choices does the client currently make? Is the client willing to make some changes to their diet?

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1. Does the client agree to follow all of the personal trainer’s instructions or is the client the type of person who does what they want?

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1. Do both the client and the personal trainer feel confident that they will be able to work together?

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