

Personal Needs Analysis

Personal Information

First name: _____ Surname: _____ Date of Birth: _____
Address: _____ Postcode: _____
Tel home: _____ Tel Work: _____ Tel Mob: _____
Email: _____ Tick if you do not wish to receive health & fitness info via email / text

How did you find out about us?

- Passing By Digital Sign Friend Flyer Work
 Radio Ex Member Website Other

Are you currently a member of a gym? _____ Are you still training? _____ Gym name _____
Have you been a member of a gym in the past? _____ How long ago? _____
Have you been exercising lately? _____

Your goals – What interests you?

- Weight loss Firm and tone Increase fitness Increase energy
 Stress management Improve strength Increase muscle size Rehabilitation

Areas you wish to reshape

- Shoulders Legs Arms Chest
 Back Stomach / Abs Hips / Thighs Other

How important is it to achieve your goals? 1-10 _____
How long have you been thinking about getting started on an exercise programme? _____
What has stopped you beginning sooner? _____ Is this still a problem? _____
When would you like to achieve results by? _____
What time of day best suites you to train? Mornings Afternoons Evenings
Most of our members get results by attending 2-3 times per week. Would this fit in with your lifestyle? _____

Office Use Only

Staff name: _____

Visit Date: _____ Notes: _____

Trial Date: _____ Notes: _____

1 Date: _____ Notes: _____

2 Date: _____ Notes: _____

Tm Date: _____ Notes: _____