

VILLAGE FITNESS

GETTING BETTER - STAYING BETTER - LIVING BETTER

Member Profile

Member Name _____ Date _____

At Village Fitness, we strive to offer a safe and satisfying member experience. We recognize that different members will have different needs and come from different fitness backgrounds. Your Village Fitness trainer is your partner in wellness and is available to guide you in your exercise program. Please answer the following questions concerning your needs, wants, and expectations of your trainer. Your answers will assist us in meeting your needs and helping you get positive results. Please don't worry if you're not sure about all of the answers, or if you think your needs may change. Your trainer will review your answers with you during your orientation.

Which statement best describes your exercise background and current status?

- I am beginner. I have little or no previous fitness/exercise experience.
- I am an advanced beginner. I have some experience but could use some help getting back on track.
- I am an intermediate-level exerciser. I have a moderate experience level.
- I am a regular exerciser/fitness enthusiast. I have extensive exercise experience.

Which is/are your *primary* fitness goal(s)?

- Lose weight, improve looks, tone up & gain energy
- Improve general health
- Improve cardiovascular endurance
- Increase strength
- Continue rehabilitation of an injury Therapist name, if applicable: _____
- Improve sport performance Sport(s)? _____
- Other _____

What statement best describes the level of attention you would like from your trainer?

- I need assistance and encouragement to get started. I want to review my progress regularly with my trainer.
- I just want to check in occasionally with my trainer.
- I will seek assistance from my trainer if/when needed.
- Other _____

How often do you want your trainer to follow-up with you to review your program?

- Once or more per week
- Once every 2 weeks
- Once per month
- I don't want a regular follow-up with my trainer—I will seek assistance if/when needed.

Finding the time to exercise can sometimes be difficult. What do you think is a realistic goal for how many times you can exercise per week?

- once per week
- 2-3 days per week
- 3-5 days per week
- 5 days or more per week

At what times of the day do you think you'll do the *majority* of your exercising?

- Early AM (before 9AM)
- Mid-day (9AM-4PM)
- Afternoon/Evening (after 4PM)

What is the best way for your trainer to communicate with you regarding any of your fitness program questions or concerns?

- Phone call
- E-mail—specify address _____
- Personal meeting/appointment
- Other _____

Please indicate your agreement with the following by checking the appropriate box.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Losing weight is an important reason for my joining the club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough time in my schedule to exercise regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am highly motivated to begin/resume an exercise program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My fitness membership is affordable; the cost will NOT interfere with my attendance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would prefer to exercise with a partner or in a group rather than on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have physical or medical limitations that will impact my ability to exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about Village Fitness?

- Physical therapy patient transitioning to fitness program
- Athletic trainer at my school School? _____
- Newspaper advertisement
- Television advertisement
- Saw sign
- Friend/Relative Name? _____
- Other _____

What would you like us to know about your previous experience with exercise/fitness?

Do you have any pet peeves about health clubs or exercise in general? Is there anything relative to our relationship with you that you do NOT want us to do?

Are there any other specific expectations you have of us—or yourself?

Do you take any vitamin supplements or use any other wellness products? If so, please list.

What do you think is the single largest barrier to you achieving your fitness goal(s)?

Is there anyone else you think would be interested in Village Fitness that we may contact? If so, please provide the person's name, contact information, and any other details below. If you request, we will NOT disclose your name to people you list, and you are eligible for referral incentives when people you refer become members of Village Fitness! Ask staff for details.