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Personal Training Instruction Needs Assessment Form

Name: _____ Age: _____ Gender: _____

Please answer the following questions:

1. What is/are your current health/fitness goals?

Please complete the following statement: Over the next 3 months, I would like to:

2. How often can you commit to a physical activity program?

Number of days per week: _____ Number of minutes per session: _____

3. Which of the following would you like to focus on the most?

Please rank highest (1) to lowest (5)

Cardio: _____

Muscle Strength: _____

Muscle Endurance: _____

Flexibility: _____

Weight Management: _____

4. Based on your answer for Question 3, what specific improvements would you like to see for your top three choices?

5. Is there anything else you would like to share/request regarding your program?
