

WORKING SAFELY & EFFECTIVELY WITH CLIENTS

A C T I V I T Y
T A S K S H E E T

Working Safely & Effectively With Clients

1. Conduct an interview using the form below with an individual you know who is interested in starting exercising at a gym but who has not started doing such.
2. Using a copy of the same form below, conduct an interview with an individual you know who has been exercising at a gym with a personal trainer for more than six months.

1. On a scale of 1 to 10, how would you rate your present fitness level? (circle one)

Worst Ever *Best Ever*
1 2 3 4 5 6 7 8 9 10

2. Are you satisfied with your current level of fitness? (circle one)

Yes No

3. How often do you exercise? (circle closest)

Not in the past 6 months 1-3 times/month ≥ 1 times/week ≥ 3 times/week ≥ 5 times/week

4. What exercise do you like to do when you train? (circle all that apply)

Treadmill	Stepper	Elliptical	Rower	Weight Machines	Free Weights
Yoga	Zumba	Pilates	CrossFit	Spinning	Running
Cycling	Swimming	Calisthenic Exercise		Recreational Sport	Other

List other _____

5. On average, how hard do you exercise when your exercise? (circle one)

I take it easy *Pretty hard but I can carry on a conversation* *As hard as I possibly can*
1 2 3 4 5 6 7 8 9 10
Easy *Moderate* *Intense*

6. When you do train, how much time do you spend exercising in a session? (circle the closest)

I have not exercised 0-30 minutes 30-60 minutes 60-90 minutes >90 minutes

7. When you do train, where do you train? (circle the closest)

Working Safely & Effectively With Clients

I don't exercise At home At a commercial gym At a recreation/leisure center Outside

8. On average, how much time per day do you spend physically active each day (actually walking, stair climbing, moving your entire body from place-to-place during work, etc.)? (circle the closest)

Less than 15 minutes/day Less than 30 minutes/day 1 hour/day 2 hours/day >2 hours/day

9. Rate, on a scale from 1 to 10, how important each of the common goals below are to you?

Lose Weight/Reduce Fat _____	Increase Strength _____
Increase Endurance _____	Increase Muscle Mass _____
Increase Flexibility _____	Improve Sport Performance _____
Improve Exercise Technique _____	Help Manage Stress _____
Improve Overall Fitness _____	Improve Performance at Work _____
Improve Physical Appearance _____	Improve Basic Health _____
Interact with other with similar fitness interests _____	
Recover from disease or injury _____	1 = least interest 10 = most interest

10. How would you prefer to receive information about your progress towards achieving your personal goals? (circle the closest)

I'd prefer to keep my own records
I'd like to enter my data in a training log book
I'd like to enter my data into a computer
I'd like my progress kept for me
I'd like a trainer to keep a training log book for me
I'd like to have a trainer enter my data into a computer for my access
I'd like to use wearable fitness tech to track progress

Working Safely & Effectively With Clients

11. Do you have specific hours and specific days you are available and prefer to exercise? If so, please indicate the number of hours you have, at which time of day, and on what days. (0.25 hours = 15 minutes, 0.5 = 30 minutes, 0.75 = 45 minutes)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0500							
0600							
0700							
0800							
0900							
1000							
1100							
1200							
1300							
1400							
1500							
1600							
1700							
1800							
1900							
2000							
2100							
2200							
2300							

12. Identify issues or circumstances that may be or are a barrier to you in regular participation in exercise at a gym. (Examples; work time intrusion, family time requirement, transportation, etc.)