Participant Questionnaire

1. Please list goals or outcomes you desire from your personal training sessions in the space provided.

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2. What motivated you to take part in our personal training program?

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3. Do you have any negative experiences towards physical activity?
   If so, please explain.

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4. Have you ever included a normal resistance or cardiovascular routine in your day for longer than 90 days?

______________________________________________________________________________
5. What barriers do you think have prevented you from participating in daily physical activity?

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6. Which of the following exercises are you most interested in?
   (Check all that apply)
   ___Walking   ___Rowing   ___Stretching   ___Endurance Training   ___Tennis
   ___Swimming   ___Racquetball   ___Group Exercise   ___Competitive Sports   ___Cycling
   ___Jogging   ___Strength Training   ___Water Activities   ___Basketball
   ___Other:________________________________________________________________________