



PERSONAL TRAINER AND LIFESTYLE CONSULTANT SURVEY

Name _____
Email(optional) _____
Phone #(optional) _____
Date _____

Who was your Personal Trainer/Consultant?

Please rate overall experience on a scale from 1-5 (1 being poor and 5 being outstanding)

Knowledge of Physical Fitness? 1 2 3 4 5

Punctuality and preparation for each training/consult session? 1 2 3 4 5

Skill in teaching proper exercise technique? 1 2 3 4 5

Ability to speak clearly and distinctly? 1 2 3 4 5

Interest in and enthusiasm for activity? 1 2 3 4 5

Ability to adapt training/consulting to your fitness level and goals?
1 2 3 4 5

Ability to motivate? 1 2 3 4 5

Interpersonal skills? 1 2 3 4 5

Overall quality of trainer/consultant? 1 2 3 4 5

What was your reason(s) for enrolling in one of our programs?

How have our services benefited you?

How many training/consult sessions have you had with a trainer/consultant?

What part of our sessions do you enjoy?

What part of our sessions do you NOT enjoy?

What part of our sessions should be changed?

Did trainer/consultant assist you with short and long term goals?

What could we do to further help you reach your fitness/wellness goals?

What would you like to see in future programs?

Would you recommend our trainer/consultant program to others?

Do you have any other comments, questions, or suggestions, about our program?

**THANK YOU FOR TAKING THE TIME TO FILL OUT OUR SURVEY!
YOUR OPINION MATTERS!**