

## SPORT UNI

\* Obligatory fields

## PT CUSTOMER BACKGROUND INFORMATION

Date Weight
* Name Height
* Email
Gender
* Age
* University
* Student Staff member
Where did you find out about SportUni personal training services?
* Sports background in short / favorite sports?
* Possible factors restricting or limiting your physical activity (injuries, illnesses etc.)?
* What kind of goals do you have regarding exercising?
* How much time per week you are able to use for exercising in total? You can answer in times, minutes, hours.
* Wishos for norsenal training?
* Wishes for personal training?
Other comments?