Feedback/Testimonial Form

Did your trainer motivate you?
YES NO NO OPINION

Did your trainer give you the attention you think you needed?
YES NO NO OPINION

Do you think your trainer helped (or is helping) you achieve your fitness goals?
YES NO NO OPINION

Did you enjoy your session or class (even if it was tough)?
YES NO NO OPINION

Would you work with this trainer again?
YES NO NO OPINION

Please rate your experience with this trainer
POOR Excellent
1 2 3 4 5 6 7 8 9 10

Please rate your experience with this session/class
POOR Excellent
1 2 3 4 5 6 7 8 9 10

Is there anything that you would change about your training session or class?

_____

_____

_____

Comments or Testimonial? _____

_____

_____

_____

_____

_____ _____
Name Date

THANK YOU FOR TRAINING WITH PRIDE CONDITIONING!