Program Design Questionnaire (PDQ)

**STEP 1** Exploration Questions: **GOAL**

- What are your expectations of the next hour you will spend with me?
- What outcomes are you looking to experience as a result of your exercise program?
- What is the single most important goal for you to achieve with your exercise program?
  - Weight loss; sport performance; injury re-hab; health = **Progressive**
  - Gain muscle / tone & firm = **Traditional**
- In what time frame do you expect to achieve your goal?
- How much time per day are you willing to engage in activity that augments your training goals? (e.g. Daily walks, using the stairs, flexibility, home exercise)
- Are all the aspects of your workout (where, what time, how long, etc.) completely up to you or is someone or something else a consideration when designing your program variables?

**Determining the best PTA Global GOAL:**

Gain muscle / Tone = **Lean Body Mass**; Weight loss = **Weight Loss**
Improve Health, Overcome injury = **Wellness**
Improve sport / leisure performance = **Sports Conditioning**

**STEP 2** Criterion Questions: **STYLE**

- Is it more important for you to continually feel challenged or to feel structured during your workouts?
  - Challenged = **Progressive**
  - Structured = **Traditional**
- When you need to reduce stress do you ideally enjoy activities that are exciting, adventurous and give you a chance to blow off steam, or activities that are practical and relaxing?
  - Adventurous = **Progressive**
  - Practical = **Traditional**
- Do you enjoy exercise more when it involves a routine that you can adhere to or one that offers variety?
  - Variety = **Progressive**
  - Routine = **Traditional**

Does your occupation...

- Require extended periods of sitting? Y or N
  - Y = **Progressive**
- Require repetitive movements throughout the day? Y or N
  - Y = **Progressive**
- Cause you anxiety or mental stress? Y or N
  - If yes on a scale of 1-10, 8 or above = **Progressive**

**STEP 4** Motivational Interviewing: **MOTIVATION** about **GOAL**

- Why is this goal most important to you?
- If you don’t make these changes and stay the same in your health and fitness, how would that affect your life? What consequences could occur?
- When you do successfully reach your goal(s), in what way(s) will life be different?
  - What benefits are most important to you?
  - On a scale from 1-10 how important is it for you to make those changes right now?
  - Why is it not a 2 or a 3?
  - What would it take to make it a (go one number higher, e.g. if the member said 6 inquire about a 7)?

- Go you believe you can make these changes?
- On a scale from 1-10 how confident are you?
  - What would it take to make it a (one level higher)?

- Are you ready and willing to change at this time?
- In what ways do you believe I can help you?

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**GREEN (STEP 2)** = questions relating to clients Training STYLE – Progressive, Traditional or Hybrid

**BLUE (STEP 3)** = questions relating to clients ability LEVEL – Lead-off, Transitional or Go-ahead

**RED (STEP 4)** = Helpful information

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