Health History Form

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Name: _____ Date: _____ Age: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____ Sex: ☐ M ☐ F

Physicians's Name: _____

Physicians's Phone: (_____) _____

Person to contact in case of Emergency (Name): _____

Contact's Home Phone: (_____) _____ Contact's Home Phone: (_____) _____

Are you taking any medications or drugs? If so, please list medications, dose, and reason.

_____

_____

Does you physician know you are participating in this exercise program? ☐ YES ☐ NO

Describe any physical activity you do somewhat regularly.

_____

_____

Do you now, or have you had in the past:	YES	NO
1. History of heart problems, chest pain, or stroke	☐	☐
2. Increased blood pressure	☐	☐
3. Any chronic illness or condition	☐	☐
4. Difficulty with physical exercise	☐	☐
5. Advice from physician not to exercise	☐	☐
6. Recent surgery (last 12 months)	☐	☐
7. Pregnancy (now or within last 3 months)	☐	☐
8. History of breathing or lung problems	☐	☐
9. Muscle, joint, or back disorder, or any previous injury still affecting you	☐	☐
10. Diabetes or thyroid condition	☐	☐
11. Cigarette smoking habit	☐	☐
12. Obesity (more than 20% over ideal body weight)	☐	☐
13. Increased blood cholesterol	☐	☐
14. History of heart problems in immediate family	☐	☐
15. Hernia, or any condition that may be aggravated by lifting weights	☐	☐

Please explain any "**yes"** answers on the back.

Comments:

_____

_____

_____

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Question Number/Explanation:

Lifestyle Information Form

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Name: _____ **Date:** _____

Physical Activity

1. In the past year, how often have you been engaged in physical activity?
   - ☐ Regularly (3 to 4 times/week)
   - ☐ Semi-regular (1 to 2 times/week)
   - ☐ Sporadic (1 to 2 times / month)
   - ☐ None
2. What types of physical activity do you consider "fun"? _____
3. What are your personal barriers to exercise (i.e., your reasons for not exercising)?

   _____
4. What physical activity have you been successful with in the past (liked and participated in regularly)?

   _____
5. How do you think you weight affects your daily activities? _____

Support

6. Do you feel any family, friends, or co-workers have negative feelings (i.e., disapproval, resentment) toward your efforts at physical activity? _____
7. Is your significant other or a close friend involved in any regular physical activity?

   _____

Occupation/Leisure

8. What is your present occupation? _____
9. Does your occupation require much activity? (i.e., walking, getting up and down, carrying things)?

   _____
10. What are your usual leisure activities? _____

Stressors

11. What types of things make you feel stressed? _____
12. How do you deal with your stress normally? _____

Dietary Patterns

13. How many meals and /or snacks do you have per day? _____
14. What would you estimate your caloric intake to be per day? _____
15. Do you feel you eat healthy "most of the time"? _____

Expectations

16. Specifically describe what you would like to accomplish through your fitness program during the next:
    - 1 month: _____
    - 4 months: _____
    - 1 year: _____

Exercise History Questionnaire

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Name: _____ Date: _____

***General Instructions**: Please fill out this format completely as possible. If you have any questions, DO NOT GUESS; ask your trainer for assistance*

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:
   15-20 _____ 21-30 _____ 31-40 _____ 41-50 _____ 51+ _____

2. Were you a high school and/or college athlete?
   Yes ☐ No ☐ If yes, please specify _____

3. Do you have any negative feelings toward, or have you had any bad experience with, physical activity programs?
   Yes ☐ No ☐ If yes, please explain _____

4. Do you have any negative feelings toward, or have you had any bad experience with, fitness training and evaluation?
   Yes ☐ No ☐ If yes, please explain _____

5. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest). Circle the number that best applies

   Characterize your present athletic ability

   1 2 3 4 5

   When you exercise, how important is competition?

   1 2 3 4 5

   Characterize your present cardiovascular capacity.

   1 2 3 4 5

   Characterize your present muscular capacity.

   1 2 3 4 5

   Characterize your present flexibility capacity.

   1 2 3 4 5

6. Do you start exercise programs but then find yourself unable to stick with them? Yes ☐ No ☐

7. How much time are you willing to devote to an exercise program? _____minutes/day _____days/week

8. Are you currently involved in regular endurance (cardiovascular) exercise? Yes ☐ No ☐
   If yes, please specify the type of exercise(s) _____
   _____minutes/day _____days/week
   Rate your perception of the exertion of your exercise program (circle the number):
   (1) Light (2) Fairly Light (3) Somewhat Hard (4) Hard

Exercise History Questionnaire

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9. How long have you been exercising regularly? _____months _____years

10. What other exercise, sport, or recreational activities have you participated in?

In the past 6 months? _____

In the past 5 years? _____

11. Can you exercise during your work day? Yes ☐ No ☐
12. Would an exercise program interfere with your job? Yes ☐ No ☐
13. Would an exercise program benefit your job? Yes ☐ No ☐
14. What types of exercise interest you?

☐ Walking	☐ Jogging	☐ Other aerobic
☐ Cycling	☐ Traditional aerobics	☐ Strength training
☐ Stationary biking	☐ Elliptical striding	☐ Racquet sports
☐ Stair climbing	☐ Swimming	☐ Yoga/Pilates

15. Rank your goals in undertaking exercise:

What do you want exercise to do for you?

_____

_____

_____

Use the following scale to rate each goal separately:

Not at all Important				Somewhat Important				Extremely Important	
1	2	3	4	5	6	7	8	9	10

a. Improve cardiovascular fitness _____
b. Body-fat weight loss _____
c. Reshape or tone my body _____
d. Improve performance for a specific sport _____
e. Improve moods and ability to cope with stress _____
f. Improve flexibility _____
g. Increase strength _____
h. Increase energy level _____
i. Feel better _____
j. Enjoyment _____
k. Other _____

16. By how much would you like to change your current weight? (+) _____lbs (–)_____lbs

Physical Activity Readiness Questionnaire (PAR-Q)

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Name: _____ Date: _____

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
☐	☐	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
☐	☐	2. Do you feel pain in your chest when you do physical activity?
☐	☐	3. In the past month, have you had chest pain when you were not doing physical activity?
☐	☐	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
☐	☐	5. Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in your physical activity?
☐	☐	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
☐	☐	7. Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions:

- ✓ Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.
- ✓ You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- ✓ Find out which community programs are safe and helpful to you.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- ✓ Start becoming much more physically active–begin slowly and build up gradually. This is the safest and easiest way to go.
- ✓ Take part in a fitness appraisal–this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

Physical Activity Readiness Questionnaire (PAR-Q)

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Delay becoming much more active:

- ✓ If you are not feeling well because of a temporary illness such as a cold or a fever–wait until you feel better; or
- ✓ If you are or may be pregnant–talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name

Signature _____ Date _____

Signature of Parent or Guardian (for participants under the age of majority) _____ Witness _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.