

EXERCISE AND HEALTH HISTORY QUESTIONNAIRE

Name:

Please fill out this form as completely as possible. If you have any questions, DO NOT guess; ask your coach for assistance.

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?

Do you frequently have pains in your chest when you perform physical activity?

Have you)chest pain when you were not doing physical activity?

Do you lose your balance due to dizziness or do you ever lose consciousness?

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, back problems, etc)?

Are you pregnant now or have given birth within the last 6 months?

Have you had a recent surgery?

If you have marked YES to any of the above, please elaborate below:

Do you take any medications, either prescription or non-prescription, on a regular basis?

What is the medication for?

How does this medication affect your ability to exercise or achieve your fitness goals?

Lifestyle Related Questions:

Do you smoke?

If yes, how often?

Do you drink alcohol?

If yes, how many glasses per week?

How many hours do you regularly sleep at night?

Describe your job: Sedentary Active Physically Demanding

Does your job require travel?

On a scale of 1 to 10, how would you rate your stress level (1=very low, 10=very high)?

List your 3 biggest sources of stress:

Is anyone in your family overweight? Mother Father Sibling Grandparent

Were you overweight as a child?

Fitness History:

When were you in the best shape of your life? _____

Have you been exercising consistently for the past 3 months?

When did you first start thinking about getting in shape?

What if anything stopped you in the past?

On a scale of 1 to 10, how would you rate your present fitness level (1=worst, 10=best)?

Nutrition Related Questions:

On a scale of 1 to 10, how would you rate your nutrition (1=very poor, 10=excellent)?

How many times a day do you usually eat (including snacks)?

Do you skip meals?

Do you eat breakfast?

How many glasses of water do you consume daily?

Do you feel drops in your energy levels throughout the day?

Do you know how many calories you eat per day?

Are you currently or have you ever taken a multivitamin or any other food supplements?

At work or school, do you usually: Eat out Bring food

How many times per week do you eat out?

Do you do your own grocery shopping?

Do you do your own cooking?

Besides hunger, what other reason(s) do you eat?

Boredom Social Stressed Tired Depressed Happy Nervous

Do you eat past the point of fullness?

List 3 areas of your nutrition you would like to improve:

Exercise Related Questions: Skip to question #5 if you are presently inactive.

How often do you take part in physical exercise?

5-7x/week 3-4x/week 1-2x/week

If your participation is lower than you would like it to be, what are the reasons?

Lack of interest Illness/injury lack of time Other _____

How long have you been consistently physically active for? _____

What activities are you presently involved in?

Please check all the activities that interest you:

- Aerobic fitness classes
- Baseball
- Basketball
- Boxing
- Football
- Golf
- Group Personal Training
- Hiking
- Hockey
- Ice Skating
- Indoor Cycling
- Partner Training
- Pilates
- Rock Climbing
- Running
- Skiing
- Snowboarding
- Soccer
- Swimming
- Tennis
- Triathlon
- Volleyball
- Walking
- Yoga

How often a week would you like to exercise? _____x/week.

What are the best days and times during the week for you to commit to your exercise program?
