Health/Medical Questionnaire

Date: _____

Name: _____ Date of birth: _____

Address: _____

Street City State Zip

Phone (H): _____ (W): _____ E-mail address: _____

In case of emergency, whom may we contact?

Name: _____ Relationship: _____

Phone (H): _____ (W): _____

Personal physician

Name: _____ Phone: _____ Fax: _____

Present/Past History

Have you had OR do you presently have any of the following conditions? (Check if *yes*.)

- ☐ Rheumatic fever
- ☐ Recent operation
- ☐ Edema (swelling of ankles)
- ☐ High blood pressure
- ☐ Injury to back or knees
- ☐ Low blood pressure
- ☐ Seizures
- ☐ Lung disease
- ☐ Heart attack
- ☐ Fainting or dizziness with or without physical exertion
- ☐ Diabetes
- ☐ High cholesterol
- ☐ Orthopnea (the need to sit up to breathe comfortably) or paroxysmal (sudden, unexpected attack) nocturnal dyspnea (shortness of breath at night)
- ☐ Shortness of breath at rest or with mild exertion
- ☐ Chest pains
- ☐ Palpitations or tachycardia (unusually strong or rapid heartbeat)
- ☐ Intermittent claudication (calf cramping)
- ☐ Pain, discomfort in the chest, neck, jaw, arms, or other areas with or without physical exertion
- ☐ Known heart murmur
- ☐ Unusual fatigue or shortness of breath with usual activities
- ☐ Temporary loss of visual acuity or speech, or short-term numbness or weakness in one side, arm, or leg of your body
- ☐ Other

Family History

Have any of your first-degree relatives (parent, sibling, or child) experienced the following conditions? (Check if *yes*.) In addition, please identify at what age the condition occurred.

- ☐ Heart arrhythmia
- ☐ Heart attack
- ☐ Heart operation
- ☐ Congenital heart disease
- ☐ Premature death before age 50
- ☐ Significant disability secondary to a heart condition
- ☐ Marfan syndrome
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Diabetes
- ☐ Other major illness _____

From NSCA, 2012, *NSCA's essentials of personal training*, 2nd ed., J. Coburn and M. Malek (eds.), (Champaign, IL: Human Kinetics).

Explain checked items: _____

_____

_____

Activity History

1. How were you referred to this program? (Please be specific.) _____

   _____

   _____

2. Why are you enrolling in this program? (Please be specific.) _____

   _____

   _____

3. Are you presently employed? Yes ☐ No ☐
4. What is your present occupational position? _____
5. Name of company: _____
6. Have you ever worked with a personal trainer before? Yes ☐ No ☐
7. Date of your last physical examination performed by a physician:
8. Do you participate in a regular exercise program at this time? Yes ☐ No ☐ If yes, briefly describe:

   _____

   _____

9. Can you currently walk 4 miles briskly without fatigue? Yes ☐ No ☐
10. Have you ever performed resistance training exercises in the past? Yes ☐ No ☐
11. Do you have injuries (bone or muscle disabilities) that may interfere with exercising? Yes ☐ No ☐ If yes, briefly describe: _____

    _____

    _____

12. Do you smoke? Yes ☐ No ☐ If yes, how much per day and what was your age when you started?

    Amount per day _____ Age _____
13. What is your body weight now? ____ What was it one year ago? ____ At age 21? ____
14. Do you follow or have you recently followed any specific dietary intake plan, and in general how do you feel about your nutritional habits? _____

    _____

15. List the medications you are presently taking. _____

    _____

    _____

16. List in order your personal health and fitness objectives.

    a. _____

    _____

    b. _____

    _____

    c. _____

    _____

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