HEALTH HISTORY QUESTIONNAIRE

PERSONAL

NAME: (LAST)_____(FIRST)_____ (M.I.)_____

ADDRESS:_____CITY:_____STATE:_____ ZIP:_____

PHONE: (H) (___)_____ (Work or Mobile) (___)_____

(Email)_____

SEX: M / F DOB:_____ AGE:_____

WHOM TO CONTACT IN CASE OF EMERGENCY

NAME:_____ PHONE: (__)_____

Medical History and Present Medical Condition

1. Check any conditions or diseases that your immediate family has/had, you now have or have had in the past.

- ☐ Heart attack; coronary bypass or other cardiac surgery
- ☐ Diabetes
- ☐ Stroke
- ☐ Peripheral vascular disease
- ☐ Phlebitis or emboli
- ☐ Rheumatic fever
- ☐ High blood pressure
- ☐ Low blood pressure
- ☐ Chest discomfort
- ☐ Extra, skipped, or rapid heart beats or palpitations
- ☐ Heart murmur
- ☐ HIV infection
- ☐ Ankle swelling
- ☐ Trouble sleeping
- ☐ Migraine or recurrent headaches
- ☐ Swollen, stiff, or painful joints
- ☐ Foot problems
- ☐ Back problems
- ☐ Shoulder problems
- ☐ Neck problems
- ☐ Broken bones
- ☐ Cold hands or feet
- ☐ Unusual shortness of breath
- ☐ Light-headedness or fainting
- ☐ Thyroid disease
- ☐ Epilepsy or seizures
- ☐ Anemia
- ☐ Asthma
- ☐ Emphysema
- ☐ Bronchitis
- ☐ Pneumonia
- ☐ A chronic recurrent cough
- ☐ Increased anxiety or depression
- ☐ Emotional disorders
- ☐ Fatigue or lack of energy
- ☐ Ulcers
- ☐ Stomach or intestinal problems
- ☐ Hernia
- ☐ Limited range of motion in joints
- ☐ Arthritis
- ☐ Bursitis
- ☐ Osteopenia/ Osteoporosis
- ☐ Pregnancy
- ☐ Other (please list below)

If you checked any of these, please explain here (more space available on back of page 3).

_____

_____

_____

2. Please list any prescribed medications you are now taking.

_____

_____

3. Please list an over-the-counter medications or dietary supplements you are now taking.

_____

_____

4. Please list any illness, hospitalization, or surgical procedure within the past 2 years.

_____

_____

5. Please list any drug allergies.

_____

6. Please list date of last physical examination and results.

_____

7. Are there any other comments you would like to provide concerning your health?

_____

_____

_____

Fitness goals

Please check specific goals and rank them according to their importance to you (#1 being most important).

- ☐ Improve strength
- ☐ Improve flexibility
- ☐ Improve cardiovascular fitness
- ☐ Improve muscle tone and shape
- ☐ Improve diet/eating habits
- ☐ Lose weight (fat loss)
- ☐ Gain weight/muscle
- ☐ Reduce stress
- ☐ Increase energy
- ☐ Stop smoking/drinking
- ☐ Injury prevention
- ☐ Rehabilitate injury
- ☐ Improve sport performance:_____
- ☐ Additional goals, please list

_____

_____

_____

To serve you better, the following questions ask about your exercise, nutrition and other personal habits. Please answer all questions honestly, as the purpose of these questions is to aid in establishing a complete coaching program specific to your needs and goals.

1. Are you presently involved in a regular exercise program? If yes, please list activity, duration, frequency, and intensity:

2. Do you now smoke or have you ever smoked? ☐YES ☐ NO
   (a) If you previously smoked, how long did you smoke, how often, and when did you quit?

   (b) If you currently smoke, how much?

3. Do you use alcohol? ☐ YES ☐ NO
   (a) If yes, how often and how much per week? _____
4. Do you drink caffeinated beverages? ☐ YES ☐ NO
   (a) If yes, how much per day? _____
5. Are you now or have you ever been on a diet? ☐YES☐ NO
   (a) If yes, please explain.

6. Do you consider yourself overweight, underweight or just right? (Please circle which.)
7. How many meals do you usually eat each day?_____
8. Do you usually eat breakfast? ☐ YES ☐ NO
9. How many eggs (whole or whites) do you eat per week?
10. How many times each week do you usually eat the following?
    Beef_____ Pork_____ Fowl _____ Fish _____ Desserts _____ Fried Foods _____ Fast Foods _____
11. Do you regularly use any of the following? (Please circle.)
    Butter Sugar Sweeteners Salt Whole milk
12. How active do you consider yourself? (Please circle.)
    Sedentary Lightly active Moderately active Highly active
13. How would you describe your nutrition habits? (Please circle.)
    Good Fair Poor
14. How would you characterize your life? (Please circle.)
    Highly stressful Moderately stressful Low in stress
15. Please describe your knowledge of exercise and fitness. (Please circle.)
    Good Fair Poor
16. Please describe your knowledge of nutrition. (Please circle.)
    Good Fair Poor

Additional notes/comments:

_____

_____

_____

_____

_____

_____

Adapted from Peterson and Bryant (1992).

Physical Activity Readiness
Questionnaire – PAR-Q
(revised 1994)

PAR – Q & YOU

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. 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: circle 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?
YES	**NO**	2.	Do you feel pain in your chest when you do physical activity?
YES	**NO**	3.	In the past month, have you had chest pain when you were not doing physical activity?
YES	**NO**	4.	Do you lose your balance because of dizziness or do you ever lose consciousness?
YES	**NO**	5.	Do you have a bone or joint problem that could be made worse by a change in your physical activity?
YES	**NO**	6.	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
YES	**NO**	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 which 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 for you

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can 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.

DELAY BECOMING MUCH MORE ACTIVE

- If you are not feeling well because of a temporary illness such as 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.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

Informed Consent:

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction. I hereby expressly assume all delineated risks of injury, all other possible risks of injury, and even death, which could occur by reason of my participation in increased physical activity.

NAME _____

SIGNATURE _____ DATE_____

SIGNATURE OF PARENT_____ WITNESS_____
Or GUARDIAN (for participants under age 18)

Canadian Society for Exercise Physiology

Personal Fitness Coaching

To provide you with the best possible service please respond to the following questions. Use additional pages if necessary.

1. Why did you decide to hire a personal fitness coach?

   _____

   _____

   _____

   _____

2. Have you ever had a fitness coach/personal trainer before? _____

   What did you like or dislike about the experience?

   _____

   _____

   _____

   _____

3. What are your expectations of the program and your expectations of your coach?

   _____

   _____

   _____

   _____

4. What are your short-term (*three-months to one year*) health & fitness goals?

   _____

   _____

   _____

   _____

5. What difference in your life do you feel attaining these goals will bring?

6. What, in the past, has kept you from realizing these goals?

7. What are your long-term (*one to three years*) fitness goals?

8. What keeps you motivated to continue working towards your goals?

9. What do you see preventing you from attaining these goals?

10. What time of day is most convenient for you to exercise?

_____

_____

_____

_____

11. Do you enjoy listening to music while exercising? _____
    If so, what music do you enjoy?

_____

_____

Additional space:

_____

_____

_____

_____

_____

_____

_____

_____