

Pre-Exercise Questionnaire

Personal Details

Name:

Date of Birth:

Address:

Phone number:

Health/Medical Details

Are you/do you have?

Current smoker.....yes/no Currently inactive...yes/no
High blood pressure...yes/no High cholesterol.....yes/no
Male over 35 or female over 45...yes/no Diabetes...yes/no
Heart disease in the family....yes/no

Do you have or have you had?

Hernia.....yes/no Gout.....yes/no Dizziness...yes/no
Chest pain...yes/no Heart murmur...yes/no Glandular fever...yes/no
Rheumatic fever....yes/no Chronic illness...yes/no Stomach problems...yes/no
Stroke....yes/no Liver/kidney disease..yes/no Heart condition...yes/no
Infectious diseases...yes/no
Have you been hospitalised recently...yes/no

Are you currently?

Pregnant?.....yes/no Given birth recently?...yes/no

On any prescribed medication.....yes/no

Please specify _____

Dieting or fasting.....yes/no

Do you suffer from any of the following?

Stress.....yes/no Anxiety/Depression....yes/no Low energy levels.....yes/no

Do you suffer from?

Arthritis...yes/no Asthma...yes/no Epilepsy...yes/no
Ankle problems...yes/no Knee problems...yes/no Hip problems....yes/no
Back problems...yes/no Neck problems...yes/no Shoulder problems....yes/no

Are there any other conditions that may be worsened by exercise?.....yes/no

Please specify _____

I recognise that I may be asked to participate in some strenuous exercise as part of my programme and that such participation may present a heightened risk of injury. All risks will be fully explained and I acknowledge that I do not have to take part in any exercise I do not feel happy with. I do not hold the Trainer responsible for any harm that may come to me should I decide to participate in such tasks.

Name:

Signature:

Date: