



FITNESS ASSESSMENT FORM

PERSONAL INFORMATION

Today's Date: _____

Name: _____ Date of Birth: _____ Male Female

Occupation: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____ Cell Phone _____

Emergency Contact _____ Phone: _____ Relation: _____

Dr. Name: _____ Phone: _____

PHYSICAL ACTIVITY & MEDICAL HISTORY

YES NO YES NO

1. Has a doctor ever said you have a heart condition and recommended only medically supervised activity? Heart Condition ___ ___
Diabetes ___ ___
2. Do you have chest pain brought on by physical activity? ___ ___ Asthma ___ ___
3. Do you tend to lose consciousness or fall over a result of dizziness? ___ ___ Short of Breath ___ ___
4. Has a doctor ever recommended medication for your blood pressure or a heart condition? Arthritis Bursitis ___ ___
Rheumatism ___ ___
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? Hernia ___ ___
Recent Surgery ___ ___
6. Are you aware, through your own experiences or a doctor's advice, of any other physical reason against your exercising without medical service? Sacroiliac Problem ___ ___
Angina ___ ___
High Blood Pressure ___ ___
7. Are you over the age of 65 and not accustomed to vigorous exercise? ___ ___ Knee Problems ___ ___
Back Problems ___ ___

If you answered YES to any of the above, please answer the following: Cervical Thoracic Lumbar 8. Have you consulted your physician regarding increasing your physical activity and/or performing a fitness assessment? ___ ___ *If "YES" to any of the above please see Fitness Manager*

9. If you answered NO to question 8, will you consult your physician prior to increasing your physical activity and performing a fitness assessment? ___ ___ *before exercise is scheduled.*

I certify that the above statements are true and correct. I understand that a Doctor's note may be requested. If a note is requested, I should not proceed with this workout until the note is received.

Member Signature: _____ **Date:** _____



EXERCISE / MOVEMENT QUESTIONNAIRE

- 1. Are you currently involved in an existing exercise program? YES NO
- 2. Are you currently involved in a structured resistance training program? YES NO
 •If yes, how long (consistently?) < 6 months 6 months to 1 year > 1 year
- 3. Are you currently participating in a structured cardiorespiratory program? YES NO
 •If yes, _____ days/week, _____ minutes per day, using (mode) _____
- 4. Other physical activities/interests (including frequency)

PRE- EXERCISE QUESTIONNAIRE

- 1. What is your primary goal? Weight Loss Muscle Gain Sport Performance Improve Health/Daily Activity
- 2. Specific desires (lbs. weight loss/gain, sport dynamic, aspect of health, etc....)
- 3. Specific reasons (why? why now? time frame?)
- 4. Past attempts in obtaining goal (formal/informal programs, successes, challenges, money spent)
- 5. Goal outcomes (how will you feel when goal is obtained? emotional/physical benefits?)
- 6. Level of commitment in accomplishing the goal? (circle) LOW 1 2 3 4 5 6 7 8 9 10 HIGH
- 7. Support/accountability? (Spouse/significant other) _____
- 8. How much time do you have budgeted? _____ days/weeks; _____ hours/day

FOOD/NUTRITION QUESTIONNAIRE

- 1. Typically, how many meals do you eat per day? (circle one) 1 2 3 4 5 6
- 2. Typically, what time are these meals? _____
- 3. Typically, how many calories do you consume per day? _____
- 4. Do you know how many calories you should be eating to reach/support your goal? YES NO
 •If YES, how many and how was this determined _____
- 5. Are you currently taking a multi-vitamin or any other dietary supplements? YES NO
- 6. How would you describe your diet? Regular Lacto-Ovo Vegetarian Vegan
- 7. Typically how many meals do you eat outside the home per week? _____
 •Would the majority of these meals be described as: Fast Food (take-out) Seated Restaurants
- 8. How would you rate your eating habits? (circle one) VERY POOR 1 2 3 4 5 6 7 8 9 10 VERY GOOD

Strengths? Weaknesses? _____

Additional Comments: _____