

# PERSONAL TRAINING FITNESS ASSESSMENT



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# FEEL WELCOME

## CONGRATULATIONS ON YOUR A HEALTHIER, MORE ACTIVE,

We will do everything we can to ensure that you feel welcome, comfortable and healthy as soon as you step through our door. Our mission is to create the best fitness experience possible so that you look forward to coming in to see us. This means extraordinary customer service, functional facilities and fitness professionals, who are not only experts in their field, but truly caring people too.

You may be asking yourself, with so many services available, where do I begin? The Fitness Assessment appointment is a great start. Your Personal Trainer is dedicated to providing appropriate recommendations by reviewing your health and fitness questionnaire and performing various assessments and measurements. The recommendations will be based on your individual needs to help you successfully reach your short and long term fitness goals. Some members prefer to have a coach/personal trainer help them achieve success; some prefer our group fitness or sport programs, while others prefer to try it on their own. Your Personal Trainer will make sure you get started in the right direction.

We love having open communication with our clients! Feel free to contact us with any suggestions or concerns. Rest assured, we appreciate your comments and will use your feedback to enhance our services for the betterment of all.

We look forward to servicing you along your journey to enriched health and well-being.

*Laurier Brantford Athletics & Recreation Team*

*&*

*YMCA Brantford*

# FEEL COMFORTABLE

## DECISION TO PURSUE MORE ENERGIZED LIFESTYLE.

At Laurier/YMCA Brantford we aim providing a clean, comfortable and fun fitness environment. We provide layers of professional guidance so you're equally comfortable with a plan to reach your fitness goals. The Fitness Assessment is one of the most effective tools to help you oversee the BIG picture. What does this mean exactly? You need to look at all the possible benefits of incorporating fitness into your new healthy lifestyle and determine which are most important to you. These include:

- Reduce body-fat & weight loss
- Improve cardiovascular fitness
- Reshape or tone body
- Strengthen body
- Build muscle
- Improve sport specific performance
- Increase energy level
- Improve flexibility and mobility
- Improve self-confidence
- Improve ability to cope with stress
- Feel better, positive attitude
- Overall vitality and improved health

There are countless roads that can lead you to your destination and the Fitness Assessment is your customised exercise program to get you there. By collecting and reviewing quantitative and qualitative data from the past and present, your Personal Trainer will provide effective and sustainable ways to achieve personal success for your short and long term goals. Think of your Fitness Assessment as the road map to your future fitness.

# PREPARING FOR YOUR FITNE

## Facility Hours

### Laurier Brantford

#### Fall & Winter Hours

Monday – Thursday: 8am – 12am

Friday: 8am – 8pm

Saturday: 12pm – 6pm

Sunday: 12pm – 8pm

#### Reading Week & Exam Hours

Monday – Friday: 10am – 8pm

Saturday: 12pm – 6pm

Sunday: 12pm – 8pm

*\*\*swipe access required to enter building after 5pm*

### Brantford YMCA

#### Regular Hours

Monday – Friday: 5:30am – 10pm

Saturday: 7am – 8pm

Sunday: 8am – 6pm

#### Holiday Hours

Holidays: 8am – 5pm

1. Please **complete pages 6-11 and 15** in your Personal Training Fitness Assessment and bring your answers to your Fitness Assessment with your personal trainer.
2. Please come wearing loose fitting, comfortable clothing.
3. Please arrive 5-10 minutes prior to your 60 minute consultation.
4. Let the front desk know you have arrived. They will ask you to have a seat in the lobby and your Personal Trainer will be notified of your presence.
5. The consultation may consist of the following:
  - Review of Physical Activity Readiness Questionnaire (PAR-Q)
  - Review of Health and Lifestyle Questionnaire
  - Physical assessment and results review
  - Review of personal fitness goals
  - Assessment of exercise techniques
  - Evaluation of aerobic fitness level
  - Recommendations and program planning



  
GOLDEN HAWKS  
RECREATION

# SS ASSESSMENT



## A FEW RULES:

- Do not eat a large meal prior to your Fitness Assessment. A light snack 1-2 hours prior is recommended.
- Do not consume any caffeinated beverages or artificial stimulants prior to your consultation. These include coffee, tea, energy drinks, soft drinks, chocolate, cigarettes or over the counter non-drowsy allergy/cold medication.
- Do not consume alcohol within 24 hours of your consultation.
- Do not exercise 12 hours prior to your consultation.
- We will execute only those portions of the assessment that you authorize.

By following these few guidelines, we are confident your Fitness Assessment will be an enjoyable experience.

# HEALTH & LIFESTYLE QUEST

## Personal Health & Medical Information

The following questions are designed for the purpose of reviewing and determining your health history, possible risk factors, fitness and activity level, attitude and lifestyle. We recommend that anyone starting an exercise program should consult with a physician prior to starting.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Any major fluctuations in weight in the past 12 months (+ or -)?

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Did your physician recommend that you lose weight and/or start an exercise program?

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Are you taking any medications or drugs? If yes, please list medication, dose and reason.

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Are you taking any supplements (e.g. vitamins, minerals, antioxidants, herbal remedies)? If yes, please list.

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Are you currently (or during the past 2 years) seeing a chiropractor, physiotherapist, massage therapist, occupational therapist, or any other health therapist? If yes, please list.

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# IONNAIRE

## Do you now, or have you had in the past (treatment, diagnosis):

	YES	NO
• History of heart problems, chest pain or stroke?	<input type="checkbox"/>	<input type="checkbox"/>
• Increased blood pressure (hypertension) or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
• Any chronic illness or condition (cancer, MS, epilepsy, fibromyalgia)	<input type="checkbox"/>	<input type="checkbox"/>
• Difficulty with physical exercise	<input type="checkbox"/>	<input type="checkbox"/>
• Advice from a physician not to exercise	<input type="checkbox"/>	<input type="checkbox"/>
• Recent surgery (in past 24 months)	<input type="checkbox"/>	<input type="checkbox"/>
• Pregnancy (now or within last 12 months)	<input type="checkbox"/>	<input type="checkbox"/>
• Breast feeding (now or within last 12 months)	<input type="checkbox"/>	<input type="checkbox"/>
• History of breathing/lung programs (asthma, COPD, emphysema)	<input type="checkbox"/>	<input type="checkbox"/>
• Muscle, ligament, tendon, joint (shoulder, knee, hip, ankle, wrist) neck, or back disorder/injury or any previous injury still affecting you	<input type="checkbox"/>	<input type="checkbox"/>
• Arthritis, Rheumatoid arthritis, osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>
• Diabetes (type I or II), thyroid condition or hypo/hyperglycemia	<input type="checkbox"/>	<input type="checkbox"/>
• Cigarette smoking habit	<input type="checkbox"/>	<input type="checkbox"/>
• Obesity (more than 20 percent over ideal weight)	<input type="checkbox"/>	<input type="checkbox"/>
• Increased blood cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
• History of heart problems or other condition in immediate family	<input type="checkbox"/>	<input type="checkbox"/>
• Hernia or any condition that may be aggravated by lifting weights	<input type="checkbox"/>	<input type="checkbox"/>
• Frequent headaches (migraine, cluster, stress/tension)	<input type="checkbox"/>	<input type="checkbox"/>
• Frequent colds, flu, upper respiratory infection, strep throat	<input type="checkbox"/>	<input type="checkbox"/>
• Depression, Bipolar, SAD	<input type="checkbox"/>	<input type="checkbox"/>
• Circulatory problems/conditions	<input type="checkbox"/>	<input type="checkbox"/>
• Stomach, intestinal, digestive problems/conditions	<input type="checkbox"/>	<input type="checkbox"/>
• Chronic sleep problems	<input type="checkbox"/>	<input type="checkbox"/>

Please explain in detail any “yes” answers:

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## Occupation & Leisure Information

Some studies have shown that stress can affect physical health. Understanding the role stress plays in your occupational and leisure time will be integral in developing your customized exercise program. Please choose the answer best suited to your current personal situation.

**What is your current occupation and how long have you worked in this industry?**

Occupation: \_\_\_\_\_ Years worked: \_\_\_\_\_

**Does your occupation require much activity (i.e. walking, getting up and down, carrying things)?**

\_\_\_\_\_

**Can you exercise during your work day (before, during or after)?**

\_\_\_\_\_

**How would you rate your level of stress on a daily basis?**

1      2      3      4      5

*(1 indicating low/no stress and 5 indicating high stress)*

**What areas of your life seem to cause you the most stress? (circle)**

Work      Home      Education      Finances      Family      Health      Fitness      Social Life      Other

**How do you normally deal with your stress?**

\_\_\_\_\_

**How many hours of sleep do you get each night? \_\_\_\_\_ Is it restful sleep? \_\_\_\_\_**

**What are your personal barriers to exercise (i.e. your reasons for not exercising)?**

\_\_\_\_\_

**How much of a priority is it for you to achieve results?**

Not at all ☐      Fairly Important ☐      Important ☐      Very Important ☐

**How many times a week do you see yourself attending the gym?**

1      2      3      4      5+

**How long can you stay?      30 minutes ☐      60 minutes ☐      Other ☐ \_\_\_\_\_**

**Does your significant other or a close friend/family member support your efforts in achieving your personal fitness goals?      YES ☐      NO ☐**

**Have you ever worked out with a Personal Trainer?      YES ☐      NO ☐**

## Dietary Habits

How many meals, including snacks, do you eat in a typical day? 0 1 2 3 4 5 6+

Do you eat breakfast regularly? \_\_\_\_\_ How soon after waking? \_\_\_\_\_

When is generally your largest meal of the day? \_\_\_\_\_

How long after your last meal do you go to sleep? \_\_\_\_\_

How much do you spend on restaurant or café style food each week (not including groceries)?

\$0 \$10-50 \$50-100 \$100+

How many glasses of water do you drink in a typical day?

0 1 2 3 4 5 6 7 8+

What would you estimate to be your average daily caloric intake?

Don't know <1000 1000-1500 1501-2000 2001-2500 2501-3000 3000+

Are you now or have you been on any kind of weight loss program (diet) or nutritional program in the past?

YES ☐ NO ☐

If yes, please provide details:

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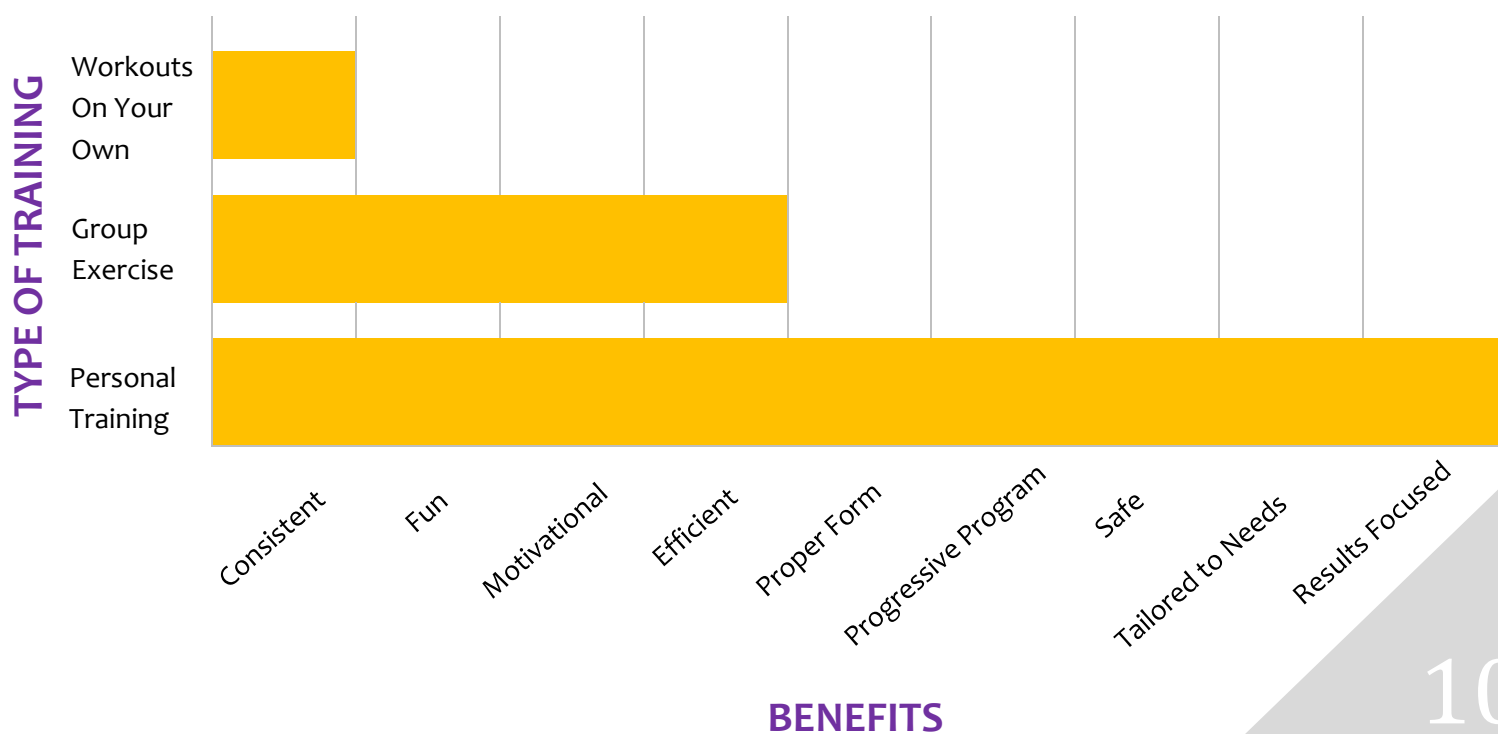
# PERSONAL GOALS

## Goal Evaluation

Rank your goals in starting an exercise program. Use the following scale to rate each goal:

Not Important → Somewhat Important → Extremely Important

• Body-fat loss (weight loss)	1	2	3	4	5
• Improved cardiovascular fitness	1	2	3	4	5
• Reshape or tone body	1	2	3	4	5
• Build muscle	1	2	3	4	5
• Improve flexibility	1	2	3	4	5
• Improve performance for a specific sport	1	2	3	4	5
• Improve moods & ability to cope with stress	1	2	3	4	5
• Increase energy level	1	2	3	4	5
• Feel better, positive attitude	1	2	3	4	5
• Ensure my workouts are fun	1	2	3	4	5
• Exercise safely and with proper form	1	2	3	4	5
• Maintain my workout consistency	1	2	3	4	5



# Goal Setting

Specifically describe what you would like to accomplish with an exercise program throughout your Personal Training experience:

**What is your number one fitness goal?**

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**What do you think you will need to do in order to successfully reach this goal?**

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**What do you think your biggest challenge will be in meeting your fitness goal?**

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**What is the number one thing you are hoping to learn from your Personal Training?**

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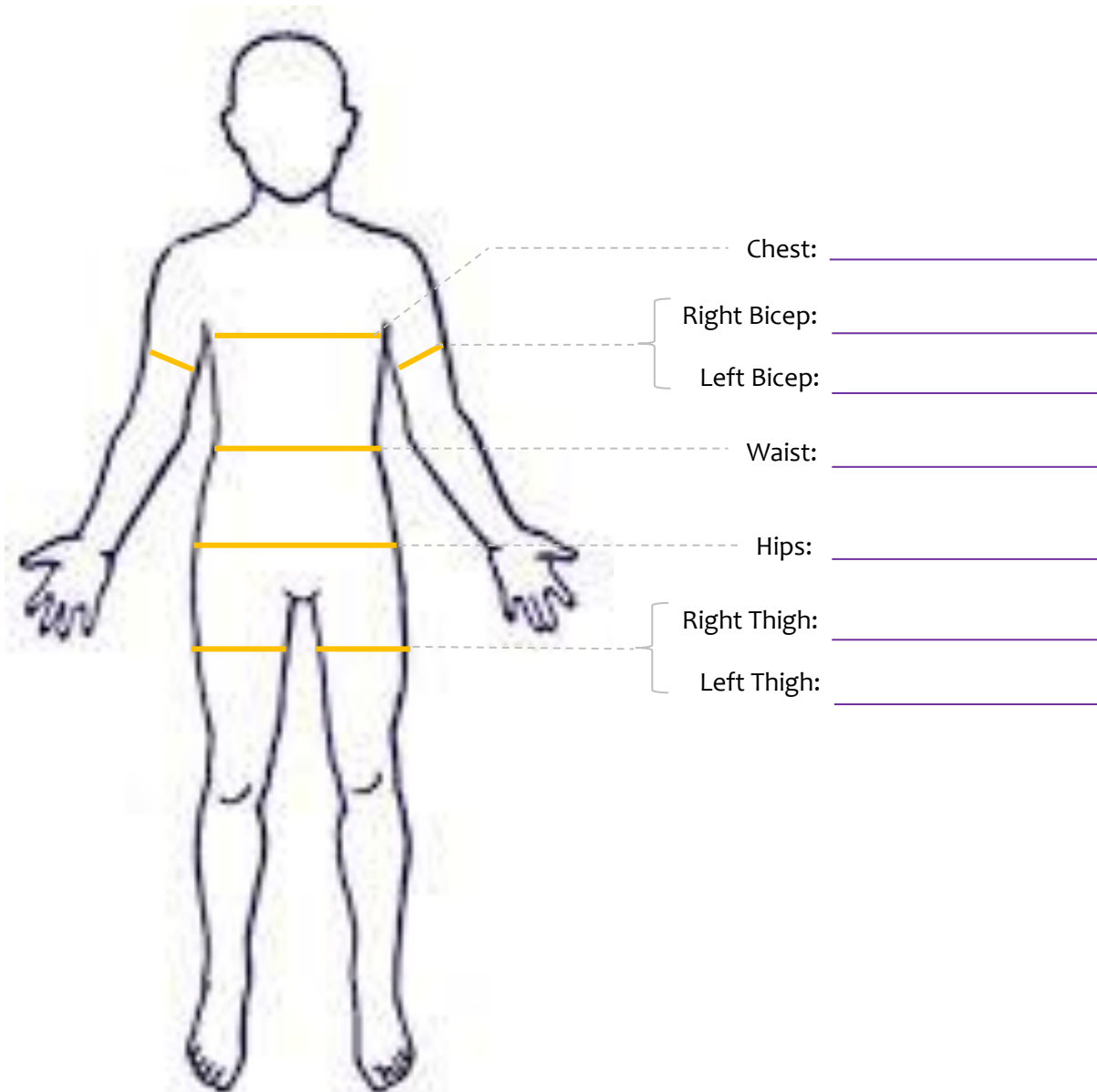
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# BODY MEASUREMENTS

Age: \_\_\_\_\_ Height: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Resting Heart Rate: \_\_\_\_\_

Weight: \_\_\_\_\_ Body Composition: \_\_\_\_\_ BMI: \_\_\_\_\_



## NOTES:

*Chest is measured directly in line with breasts/pectorals*

*Waist is measured at smallest circumference of abdomen*

*Hips are measured at largest circumference around buttocks*

*Thighs are measured at end of finger tips when arms are relaxed alongside the body*

# FITNESS TESTING

## Cardiovascular Capacity

Cardiovascular fitness is the ability of the heart, lungs and circulatory system to supply oxygen and nutrients to working muscles efficiently, and allows activities that involve large muscle groups (walking, running, swimming, biking, etc) to be performed over long periods of time.

**1 mile test:** Client runs on treadmill until 1 mile (or 1.6km) is completed. Client is in control of speed and can increase or decrease the speed whenever they need until total distance is completed.

Total time to complete 1 mile: \_\_\_\_\_

## Flexibility

Flexibility is the ability to move a joint fluidly through its complete range of motion and is important to general health and physical fitness. Flexibility is reduced when muscles become short and tightened by disuse causing an increase in injury and strains.

**Sit & Reach:** Sitting with feet pressed against edge of the sit-and-reach-box, the client is to bend forwards towards toes with hands stacked on top of one another. The goal is to push the measurement indicator as far forward as possible. Measurement is done 3 times.

Attempt #1: \_\_\_\_\_ Attempt #2: \_\_\_\_\_ Attempt #3: \_\_\_\_\_

## Muscular Endurance

Muscular endurance is the ability of a muscle to perform multiple contractions with a sub maximal weight for a given period of time. Muscular endurance is very transferable to tasks within daily life, as well as in athletic situations since the muscle is often under pro-longed periods of tension. Those who don't perform well on these tests will greatly benefit from resistance training programs.

**Each test is done until exhaustion. Push-ups:** complete as many repetitions as possible without stopping. Starting with full push-ups and ending with knee push-ups is acceptable; record total numbers of both. **Plank & Wall sit:** hold position as long as possible without losing form or dropping out.

Push-ups (full): \_\_\_\_\_ Push-ups (knees): \_\_\_\_\_

Plank: \_\_\_\_\_

Wall Sit: \_\_\_\_\_

# CLIENT AGREEMENT

## PERSONAL TRAINING AGREEMENT

**ASSUMPTION OF RESK AND CONSENT:** I, the Client, have been informed, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment are potentially hazardous activities. I also have been informed, understand and am aware that fitness activities involve a risk of injury and that I am voluntarily participating in these activities and using equipment with full knowledge, understanding and appreciations of the dangers involved. I understand that precautions will be used during this evaluation/training program to prevent physical injury to me. However, in the event of physical injury resulting from the fitness evaluation procedures, equipment usage or training protocols, no medical treatment or monetary compensation will be provided by Wilfrid Laurier University Department of Athletics and Recreation. I assume the full risk associated with the participation in the training programs and agree to hold harmless High Performance Athletic Training Center and all employees associated with this company. I acknowledge that Wilfrid Laurier University Department of Athletics and Recreation is relying solely on information provided by me regarding my medical history and physical condition, in allowing me to participate in any evaluation or training session. I certify that I have made a complete disclosure of my medical history and physical condition, and that the information provided is true and correct.

**SESSION CANCELLATION:** I, the Client, understand that individual session cancellations are to be made at least 24 hours in advance of session request, failure to do so will result in the cancellation of that session, and that I will be charged for the session. I understand that arriving 15 minutes or more later for a session will also result in cancellation of the session and I will be charged for the session. Extensions on packages will not be given due to infrequent use or cancellation of sessions.

**REFUNDS:** In the event that a medical problem or prolonged circumstances prevents completion of the contracted sessions within the time period set forth in this agreement, the Client may take an extended period of time to complete sessions. Length of extension will be determined upon presentation of medical documentation.

**Number of Sessions:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

I hereby understand and agree to the terms and conditions of this contract.

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Signature of Client

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Date

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Signature of Trainer

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Date

# PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

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 in the box below. If you are between the ages of 15 and 69, 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: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> 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 be 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. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### DELAY BECOMING MUCH MORE ACTIVE:

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

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE OF PARENT  
or GUARDIAN (for participants under the age of majority) \_\_\_\_\_

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**