

Prior to starting any new exercise programme it is important to know about any previous or existing medical problems or injuries so I can advise accordingly. Depending on how you answer the medical questions will depend on if I will need further information from either your GP or the relevant consultant you maybe under. This is purely precaution to enable me to devise the most effect and specific programme.

PERSONAL DETAILS	
Name	
Date Of Birth	
Telephone	
Email	
Address	
Goals	

HAVE YOU HAD OR DO YOU HAVE ANY OF THE FOLLOWING?			
1	Any type of heart condition or defect?	Yes	No
2	Any pain in your chest when taking part in physical activity?	Yes	No
3	Any pain in your chest in the last month?	Yes	No
4	High blood pressure?	Yes	No
5	High cholesterol?	Yes	No
6	A stroke condition?	Yes	No
7	A bone or joint problem that may be made worse by exercise?	Yes	No
8	Diabetes?	Yes	No
9	Epilepsy?	Yes	No
10	Gout?	Yes	No
11	Liver/Kidney condition?	Yes	No

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HAVE YOU HAD OR DO YOU HAVE ANY OF THE FOLLOWING?			
12	Are you currently pregnant?	Yes	No
13	Have you had a baby in the last 6 months?	Yes	No
14	Have you ever suffered an ectopic or any other pregnancy condition?	Yes	No
15	Do you have Asthma?	Yes	No
16	Is there any other reason why you should not take part in physical activity?	Yes	No

If you circled YES to any of the previous questions then please state any medication you are currently being prescribed or any other relevant information about the condition/injury in the space below. If there is any other condition or injury I should be made aware about please make us aware in the space below:

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If any of your circumstances change please notify me immediately so appropriate advice can be given.

I confirm that I have read and understood all the questions asked above and have to the best of my knowledge answered all questions truthfully.

NAME(print)

SIGNATURE

DATE

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LIFESTYLE AND EXERCISE HISTORY QUESTIONNAIRE					
1	Do you currently exercise?			Yes	No
2	If yes what forms of exercise do you participate in? If no skip to question 6.				
3	How many times per week do you exercise?				
4	How long on average would you say you exercise for?	30 mins	1 hrs	2 hrs	2 hrs +
5	How long have these activities been a part of your lifestyle?				
6	How fit would you currently rate yourself?	Unfit	Below Average	Average	Very Fit
7	How many hours per week would you want to allocate to a new exercise regime?	1 hrs	2 hrs	3 hrs	3 hrs +
8	Please list any changes you will have to make in order for you to partake in an exercise regime. E.g. Work shifts etc. And what changes have you already made in order to start a new exercise regime?				
9	What days and times would you like to partake in your exercise regime?				
10	What types of sporting/exercising activities have you done in the past? And at what levels and how often did you partake in these activities?				

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LIFESTYLE AND EXERCISE HISTORY QUESTIONNAIRE					
11	Are there any forms of activities that you would/would not like to take part in?				
12	Do you smoke? If yes how many per day on average?	Yes	No		
13	Do you drink alcohol? If yes then how many units per week do you drink on average? <i>(1 unit = 1 glass of wine, a measure of spirit or half a pint of beer)</i>	Yes	No		
14	What is your occupation?				
15	How many hours a day are you at work on average?				
16	How would you rate level of physical activity at work?	Very Active	Active	moderately active	Inactive
17	What other activities do you perform outside of work .E.g. Domestic chores, travel, hobbies etc.?				

Thank you for completing this questionnaire!