



Health Assessment Questionnaire

Please take a moment to answer the following questions so I can develop an exercise program appropriate for your personal goals and fitness level.

First Name _____ Surname _____

Address _____

Mobile _____ Email _____

Height _____ Weight _____ Age _____

Have you had or do you have the following?	Y	N	If yes, please give details of conditions, medications etc.
Female over 45 and not used to regular exercise			
Recent hospitalisation and reason (in past 6 months)			
Heart disease or other heart condition			
Are you pregnant?			
High Blood Pressure > 140/90			
Raised Cholesterol/Triglycerides			
Chest pain or palpitations			

If you have had any of the above conditions, a clearance by your doctor is necessary before you commence any exercise program.

Have you had or do you have the following?	Y	N	If yes, please give details of conditions, medications etc.
Rheumatic fever, dizziness and fainting			
Past surgery? e.g. knees, shoulder, back			
Arthritis, Asthmatic, Cramps, muscular pain (e.g. knees, back, shoulders)			
Liver or Kidney problems			
Do you smoke? If YES how many per day?			
Do you drink alcohol? How often? How much?			
Stomach / Duodenal Ulcer			
Cancer			
Are there any conditions that would require you to modify your exercise program?			

EXERCISE HISTORY

1. Are you currently doing any exercise?
If yes go to question 2, If no go to question 6.

Yes No

2. If yes, what is your current exercise regime?

3. How long have you been doing this? _____

4. How many times a week? _____

5. How long do you exercise for (minutes/hours)?

6. If NO have you done any regular exercise in the past and what type?

Why did you stop? _____

7. Is there any type of exercise you don't enjoy or are unable to do due to health reasons?

8. Do you have any mobility restrictions due to previous injury, surgery? E.g. back pain, shoulder, knees

PERSONAL FITNESS GOALS

1. What are your main goals in starting an exercise program? Please tick if any or all of these apply to you:

- Improve cardiovascular fitness
- Improve strength and general mobility
- Increase lean muscle mass and tone
- Lose weight
- Increased flexibility
- Increased energy levels and reduce stress
- Postural correction
- Prevention of diseases e.g. Type 2 diabetes, cardiovascular disease, stroke, osteoporosis, cancers
- Maintain or improve general health
- Reduced pain