



The Pulse of Health & Fitness

Personal Fitness Questionnaire

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact Information: _____

Gender: ☐ Male ☐ Female

Date of Birth: _____ Height: _____ Weight: _____

Personal Fitness

Presently, do you exercise on a regular basis? Yes ☐ No ☐

If yes, describe the exercise routine:

How many days per week do you exercise? _____

How many minutes each day? _____

How long have you been exercising regularly? _____ years _____ months

Are you trying to eliminate body fat for good? ☐ yes ☐ no

If yes, how many pounds do you want to get rid of? _____ lbs.

What is the most you have weighed as an adult? _____ lbs.

What is the least you have weighed as an adult? _____ lbs.

Assign a number 1 through 5 to rate the following statements according to your perception of the following:

(1 represents the lowest level, 5 represents the highest level)

How fit you currently feel

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

The discipline you have to maintain a consistent workout routine on your own

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

Your capacity for aerobic activity

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

Your muscular strength

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

Your body's flexibility

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

Your current level of energy

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

How much time will you devote to an exercise program?

_____ days per week _____ minutes per day

What exercises do you most enjoy?

What exercises do you least enjoy?

List any injuries that would inhibit an exercise program. List date/year injury began to inhibit exercise if relevant.

What are your current fitness related goals?

Why are these goals important to you?

By when would you like to see them realized?

Diet and Nutrition

How would you describe your daily nutritional habits?

☐ *unhealthy* ☐ *erratic* ☐ *healthy*

What about your daily nutritional habits prompted you to provide that answer?

List any medications you take on a regular basis. Include vitamins and supplements.

Medical History

Are you currently under a doctor's care?

☐ *yes* ☐ *no*

If yes, explain:

When was the last time you had a physical examination (mm/dd/yy)?

Have you ever had an exercise stress test? ☐ yes ☐ no

Have you recently been hospitalized? ☐ yes ☐ no

If yes, explain:

Do you smoke? ☐ yes ☐ no

Are you pregnant? ☐ yes ☐ no

Do you consider your stress level to be high? ☐ yes ☐ no

Do you have any of the following?

high blood pressure ☐ yes ☐ no

high cholesterol ☐ yes ☐ no

diabetes ☐ yes ☐ no

known heart disease ☐ yes ☐ no

heart murmur ☐ yes ☐ no

chest pain during physical activity ☐ yes ☐ no

irregular heart beat or palpitations ☐ yes ☐ no

lightheadedness or fainting spells ☐ yes ☐ no

unusual shortness of breath ☐ yes ☐ no

cramping pains in legs or feet ☐ yes ☐ no

emphysema ☐ yes ☐ no

thyroid or kidney disorders ☐ yes ☐ no

epilepsy ☐ yes ☐ no

asthma ☐ yes ☐ no

back pain

___ *yes* ___ *no*

If yes, describe the pain:

Do you have any other joint pain?

___ *yes* ___ *no*

If yes, describe:

Do you any other pain or limitation not yet mentioned? ___ *yes* ___ *no*

If yes, describe:

Do you have a grandparent, parent, or sibling who, prior to age 55 has had:

a heart attack?

___ *yes* ___ *no*

a stroke?

___ *yes* ___ *no*

high blood pressure?

___ *yes* ___ *no*

high cholesterol?

___ *yes* ___ *no*

Weight (obesity) problems?

___ *yes* ___ *no*

Release and waiver/indemnification:

In consideration of being allowed to participate in fitness related activities at BodyBasics Health & Fitness, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from fitness related activities is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of my fitness coach immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless BodyBasics Health & Fitness and their employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct fitness related activities ("Releasees"), with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signed: _____ Date: _____

I understand that I will forfeit any session not excused before 5 p.m. the day before my scheduled time.

Signed: _____ Date: ____/____/____