

## SECTION ONE - GENERAL INFORMATION

1. Date \_\_\_\_\_
2. Name \_\_\_\_\_
3. Mailing Address \_\_\_\_\_ Phone (H) \_\_\_\_\_  
\_\_\_\_\_ Phone (Work or Cell) \_\_\_\_\_
- Email \_\_\_\_\_
4. *EI* Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Physician Address \_\_\_\_\_ Fax \_\_\_\_\_
5. *EI* Person to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_
6. Gender (circle one): Female - Male *RF*
7. *RF* Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
8. Height \_\_\_\_\_ Weight \_\_\_\_\_
9. Number of hours worked per week: [Less than 20] – [20-40] – [41-60] – [over 60]
10. *SLA* More than 25% of the time at your job is spent (circle all that apply)  
[Sitting at desk] – [Lifting loads] – [Standing] – [Walking] – [Driving]

## SECTION TWO - CURRENT MEDICAL INFORMATION

11. Date of last medical physical exam: \_\_\_\_\_
12. Circle all medicine taken or prescribed in last 6 months:  
[Blood thinner] *MC* – [Epilepsy medication] *SEP* – [Nitroglycerin] *MC*  
[Diabetic] *MC* – [Heart rhythm medication] *MC* – [Other \_\_\_\_\_ ]  
[Digitalis] *MC* – [High blood pressure medication] *MC*- [Diuretic] *MC* – [Insulin] *MC*
13. Please list any orthopedic conditions. Include any injuries in the last six months  
\_\_\_\_\_
14. Any of these health symptoms that occur frequently (two or more times/month) requires medical attention.  
Please check any that apply.
  - a. \_\_\_ Cough up blood *MC* g. \_\_\_ Swollen joints *MC*
  - b. \_\_\_ Abdominal pain *MC* h. \_\_\_ Feel faint *MC*
  - c. \_\_\_ Low-back pain *MC* i. \_\_\_ Dizziness *MC*
  - d. \_\_\_ Leg Pain *MC* j. \_\_\_ Breathlessness with slight exertion *MC*
  - e. \_\_\_ Arm or shoulder pain *MC* k. \_\_\_ Palpitation or fast heart beat *MC*
  - f. \_\_\_ Chest pain *RF MC* l. \_\_\_ Unusual fatigue with normal activity *MC*Other \_\_\_\_\_

### SECTION THREE - MEDICAL HISTORY

15. Please circle any of the following for which you have been diagnosed or treated by a physician or health professional:

Alcoholism *SEP*, Diabetes *SEP*, Kidney problem *MC*,  
Anemia, sickle cell *SEP*, Emphysema *SEP*, Mental illness *SEP*,  
Anemia other *SEP*, Epilepsy *SEP*, Neck strain *SLA*,  
Asthma *SEP*, Eye problems *SLA*, Obesity *RF*,  
Back strain *SLA*, Gout *SLA*, Phlebitis *MC*,  
Bleeding trait *SEP*, Hearing loss *SLA*, Rheumatoid arthritis *SLA*,  
Bronchitis chronic *SEP*, Heart problems *MC*, Stress *RF*,  
Stroke *MC*, Cancer *SEP*, High blood pressure *MC*,  
Thyroid problem *SEP*, Cirrhosis *MC*, HIV *SEP*,  
Ulcer *SEP*, Concussion *MC*, Hypoglycemia *SEP*,  
Congenital defect *SEP*, Hyperlipidemia *RF*, Other \_\_\_\_\_.

16. Circle any operations that you have had:

Back *SLA*, Heart *MC*, Kidney *SLA*, Eyes *SLA*, Joint *SLA*, Neck *SLA*,  
Ears *SLA*, Hernia *SLA*, Lung *SLA*, Other \_\_\_\_\_.

17. *RF* Circle any who died of heart attack before age 55:

Father - Brother - Son

18. *RF* Circle any who died of heart attack before age 65:

Mother - Sister - Daughter

### SECTION FOUR - HEALTH-RELATED BEHAVIORS

19. Have you ever smoked? Yes No

20. *RF* Do you now smoke? Yes No

21. *RF* If you are a smoker, indicate the number smoked per day:

Cigarettes: [40 or more] - [20-39] - [10-19] - [1-9]

Cigars or pipes only: [5 or more] [less than 5]

22. *RF* Do you exercise regularly? Yes No

23.. Last physical fitness test: \_\_\_\_\_

24. How many days a week do you accumulate 30 minutes of moderate activity?

0 1 2 3 4 5 6 7 days per week

25. How many days per week do you normally spend at least 20 minutes in vigorous exercise?

0 1 2 3 4 5 6 7 days per week

26. What activities do you engage in a least 1x per week?

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27. Weight now: \_\_\_\_\_ lb. One year ago: \_\_\_\_\_ Age 21: \_\_\_\_\_

**SECTION FIVE - HEALTH-RELATED ATTITUDES**

28. These are traits that have been associated with coronary-prone behavior.

I am an impatient, time-conscious, hard-driving individual.

Circle the number that best describes how you feel:

6= Strongly agree 3= Slightly disagree

5= Moderately agree 2= Moderately disagree

4= Slightly agree 1= Strongly disagree

29. How often do you experience “negative” stress from each of the following:

Always Usually Frequently Rarely Never

Work: \_\_\_\_\_

Home or family : \_\_\_\_\_

Financial pressure: \_\_\_\_\_

Social pressure: \_\_\_\_\_

Personal health \_\_\_\_\_

30. List everything not included on this questionnaire that may cause you problems in a fitness test or fitness program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Robert Brody  
CERTIFIED PERSONAL TRAINER

**For Trainer Use Only**

**Action Codes**

**EI** = Emergency Information- must be readily available

**MC**= Medical Clearance needed-do not allow exercise without physician’s permission.

**SEP**= Special Emergency Procedures needed- do not let participant exercise alone; make sure the person’s exercise partner knows what to do in case of an emergency.

**RF**= Risk Factor of CHD (educational materials and workshops needed).

**SLA**= Special or Limited Activities may be needed- you may need to include or exclude specific exercises.

**Other (not marked)** = Personal information that may be helpful for files or research