



# Health History Form

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

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Sex:  M  F

Physicians's Name: \_\_\_\_\_

Physicians's Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Person to contact in case of Emergency (Name): \_\_\_\_\_

Contact's Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Contact's Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

\_\_\_\_\_

Does your physician know you are participating in this exercise program?  YES  NO

Describe any physical activity you do somewhat regularly.

\_\_\_\_\_

<b><i>Do you now, or have you had in the past:</i></b>	<b>YES</b>	<b>NO</b>
1. History of heart problems, chest pain, or stroke	<input type="checkbox"/>	<input type="checkbox"/>
2. Increased blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
3. Any chronic illness or condition	<input type="checkbox"/>	<input type="checkbox"/>
4. Difficulty with physical exercise	<input type="checkbox"/>	<input type="checkbox"/>
5. Advice from physician not to exercise	<input type="checkbox"/>	<input type="checkbox"/>
6. Recent surgery (last 12 months)	<input type="checkbox"/>	<input type="checkbox"/>
7. Pregnancy (now or within last 3 months)	<input type="checkbox"/>	<input type="checkbox"/>
8. History of breathing or lung problems	<input type="checkbox"/>	<input type="checkbox"/>
9. Muscle, joint, or back disorder, or any previous injury still affecting you	<input type="checkbox"/>	<input type="checkbox"/>
10. Diabetes or thyroid condition	<input type="checkbox"/>	<input type="checkbox"/>
11. Cigarette smoking habit	<input type="checkbox"/>	<input type="checkbox"/>
12. Obesity (more than 20% over ideal body weight)	<input type="checkbox"/>	<input type="checkbox"/>
13. Increased blood cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
14. History of heart problems in immediate family	<input type="checkbox"/>	<input type="checkbox"/>
15. Hernia, or any condition that may be aggravated by lifting weights	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" answers on the back.

Comments:

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





# Lifestyle Information Form

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

## Physical Activity

- In the past year, how often have you been engaged in physical activity?  
 Regularly (3 to 4 times/week)                       Semi-regular (1 to 2 times/week)  
 Sporadic (1 to 2 times / month)                       None
- What types of physical activity do you consider "fun"? \_\_\_\_\_
- What are your personal barriers to exercise (i.e., your reasons for not exercising)?  
 \_\_\_\_\_
- What physical activity have you been successful with in the past (liked and participated in regularly)?  
 \_\_\_\_\_
- How do you think your weight affects your daily activities? \_\_\_\_\_

## Support

- Do you feel any family, friends, or co-workers have negative feelings (i.e., disapproval, resentment) toward your efforts at physical activity? \_\_\_\_\_
- Is your significant other or a close friend involved in any regular physical activity?  
 \_\_\_\_\_

## Occupation/Leisure

- What is your present occupation? \_\_\_\_\_
- Does your occupation require much activity? ( i.e., walking, getting up and down, carrying things)?  
 \_\_\_\_\_
- What are your usual leisure activities? \_\_\_\_\_

## Stressors

- What types of things make you feel stressed? \_\_\_\_\_
- How do you deal with your stress normally? \_\_\_\_\_

## Dietary Patterns

- How many meals and /or snacks do you have per day? \_\_\_\_\_
- What would you estimate your caloric intake to be per day? \_\_\_\_\_
- Do you feel you eat healthy "most of the time"? \_\_\_\_\_

## Expectations

- Specifically describe what you would like to accomplish through your fitness program during the next:  
 1 month: \_\_\_\_\_  
 4 months: \_\_\_\_\_  
 1 year: \_\_\_\_\_



# Exercise History Questionnaire

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

**General Instructions:** Please fill out this format completely as possible. If you have any questions, DO NOT GUESS; ask your trainer for assistance

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:

15-20 \_\_\_\_\_ 21-30 \_\_\_\_\_ 31-40 \_\_\_\_\_ 41-50 \_\_\_\_\_ 51+ \_\_\_\_\_

2. Were you a high school and/or college athlete?

Yes  No  If yes, please specify \_\_\_\_\_

3. Do you have any negative feelings toward, or have you had any bad experience with, physical activity programs?

Yes  No  If yes, please explain \_\_\_\_\_

4. Do you have any negative feelings toward, or have you had any bad experience with, fitness training and evaluation?

Yes  No  If yes, please explain \_\_\_\_\_

5. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest).

Circle the number that best applies

Characterize your present athletic ability

1          2          3          4          5

When you exercise, how important is competition?

1          2          3          4          5

Characterize your present cardiovascular capacity.

1          2          3          4          5

Characterize your present muscular capacity.

1          2          3          4          5

Characterize your present flexibility capacity.

1          2          3          4          5

6. Do you start exercise programs but then find yourself unable to stick with them? Yes  No

7. How much time are you willing to devote to an exercise program? \_\_\_\_\_ minutes/day \_\_\_\_\_ days/week

8. Are you currently involved in regular endurance (cardiovascular) exercise? Yes  No

If yes, please specify the type of exercise(s) \_\_\_\_\_

\_\_\_\_\_ minutes/day \_\_\_\_\_ days/week

Rate your perception of the exertion of your exercise program (circle the number):

(1) Light      (2) Fairly Light      (3) Somewhat Hard      (4) Hard



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9. How long have you been exercising regularly? \_\_\_\_\_ months \_\_\_\_\_ years

10. What other exercise, sport, or recreational activities have you participated in?

In the past 6 months? \_\_\_\_\_

In the past 5 years? \_\_\_\_\_

11. Can you exercise during your work day? Yes  No

12. Would an exercise program interfere with your job? Yes  No

13. Would an exercise program benefit your job? Yes  No

14. What types of exercise interest you?

- Walking
- Jogging
- Other aerobic
- Cycling
- Traditional aerobics
- Strength training
- Stationary biking
- Elliptical striding
- Racquet sports
- Stair climbing
- Swimming
- Yoga/Pilates

15. Rank your goals in undertaking exercise:

What do you want exercise to do for you?

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Use the following scale to rate each goal separately:

Not at all Important					Somewhat Important						Extremely Important
1	2	3	4	5	6	7	8	9	10		

- a. Improve cardiovascular fitness \_\_\_\_\_
- b. Body-fat weight loss \_\_\_\_\_
- c. Reshape or tone my body \_\_\_\_\_
- d. Improve performance for a specific sport \_\_\_\_\_
- e. Improve moods and ability to cope with stress \_\_\_\_\_
- f. Improve flexibility \_\_\_\_\_
- g. Increase strength \_\_\_\_\_
- h. Increase energy level \_\_\_\_\_
- i. Feel better \_\_\_\_\_
- j. Enjoyment \_\_\_\_\_
- k. Other \_\_\_\_\_

16. By how much would you like to change your current weight? (+) \_\_\_\_\_ lbs (-) \_\_\_\_\_ lbs



# Physical Activity Readiness Questionnaire (PAR-Q)

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

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

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 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 and 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 any other reason 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 that 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 to you.

*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.



## Physical Activity Readiness Questionnaire (PAR-Q)

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*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.

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

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent or Guardian (for participants under the age of majority) \_\_\_\_\_

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.