

50+ and Personal Training Pre-Exercise Questionnaire

This questionnaire has been designed to assess your suitability for exercise. Please read the questions below carefully and answer each one honestly and as accurately as possible.

Name:.....

D.O.B:.....

Address:.....

.....

Telephone No:.....

Emergency Contact:.....

G.P. Name and Address:.....

G.P. Telephone No:.....

Please answer the questions below for 50+ :

- | | |
|---|---------|
| 1. Have you ever been told by a Doctor that you have Heart Trouble or a Heart Condition? | Yes/ No |
| 2. Do you ever experience chest pain during physical activity? | Yes/ No |
| 3. Do you ever feel faint, suffer from dizzy spells or palpitations? | Yes/ No |
| 4. a) Do you suffer from High/ Low Blood Pressure? | Yes/ No |
| b) Are you receiving treatment/ prescribed medication for your Blood Pressure? | |
| | |
| 5. Do you suffer from swollen feet or take Diuretics? | Yes/ No |
| 6. Do you have severe varicose veins or ulcers? | Yes/ No |
| 7. Do you have Diabetes? | Yes/ No |
| 8. Do you have Epilepsy? | Yes/ No |
| 9. Do you have Chronic Bronchitis, Emphysema or Asthma? | Yes/ No |
| 10. Do you suffer from Arthritis or any Joint problem that may be aggravated by exercise? | Yes/ No |
| 11. Do you suffer from Back Pain? | Yes/ No |
| 12. Do you suffer from Deafness? | Yes/ No |
| 13. Do you wear a Hearing Aid? | Yes/ No |
| 14. Do you suffer from Poor Eyesight? | Yes/ No |
| 15. Have you suffered from any serious illness or had any major surgery in the past six months? | Yes/ No |
| Please specify..... | |
| | |
| 16. Do you take any form of regular Medication? | Yes/ No |
| Please Specify..... | |
| | |
| 17. Are you over 65 years and unaccustomed to Vigorous Exercise? | Yes/ No |
| 18. Are you aware of any reason why you should NOT partake in Physical Exercise? | Yes/ No |
| | |

Continue over the page for the Personal Training Questionnaire and Fitness Declaration.....

This section of the questionnaire is designed to assess your past/ present fitness levels and gather the relevant information necessary to design a training session appropriate for you. Please read the questions carefully and answer them honestly and as accurately as you can.

1. Do you suffer from any of the following:

- | | | | |
|----------------------------|---------|-----------------------|---------|
| - Asthma | Yes/ No | - Dizziness/ Fainting | Yes/ No |
| - Diabetes | Yes/ No | - Headaches | Yes/ No |
| - Hayfever | Yes/ No | - Muscle Cramps | Yes/ No |
| - High/ Low Blood Pressure | Yes/ No | - Joint Problems | Yes/ No |
| - Epilepsy | Yes/ No | | |

2. Please provide any medical information past or present that may affect your ability to exercise?

3. Are you currently taking any form of Medication? Yes/ No
 Please Specify.....

4. Are you Pregnant or have you recently given birth? Yes/ No

5. Is there any history of repeated Heart Disease in your family? Yes/ No

6. Are you currently taking part in any form of Exercise? If so, please give details below?

7. What is your current Occupation?.....

8. List below any possible Physical Activities you do as a daily occurrence e.g. Walking, Housework etc.

9. What are your main Health and Fitness Aims? E.g. Improve Aerobic Fitness, Improve Muscular Strength etc.....

10. Is Nutrition an area you feel you need help/ advice with? Yes/ No

11. How often do you anticipate using the Fitness Suite?
 1-2 times per week 2-3 times per week 3-4 times per week Other

14. How long would you expect a typical training session to last?
 30 minutes 60 minutes 90 minutes 120 minutes Other

***A Personal Training Session will last for 1 hour unless otherwise specified**

Informed use of the PAR-Q: The King’s School Recreation Centre in Canterbury/ Kent, assume no liability for persons who undertake physical activity, and if in doubt after completion of this questionnaire, consult your doctor prior to physical activity.

FITNESS DECLARATION

I declare that to the best of my knowledge the information given above is correct and that I am unaware of any reason why I should not participate in an exercise class. I understand that I enter into any exercise programme entirely at my own risk and I waive any legal recourse for damages to myself which may arise from my participation in physical activity.

Signed: _____ Date: _____

Signed on behalf of The King’s School Recreation Centre: _____ Date: _____