

Induction Questionnaire

Please answer each of these questions as accurately as you can. All responses will be treated in a confidential manner.

1. General Data

Today's Date

Name

Sex

Male

Female

Date of Birth

Address

City

State

Zip

Home Phone

Day Phone

Mobile

Email Address

Phone inc. code

Fax

2. Please indicate your personal health and fitness goals:

Lose Fat

Gain Muscle size

Improve Flexibility

Improve Sports Performance

Reduce Stress

Enhance Health

Lower risk of disease

Reduce Pain

Stop Smoking

Improve Diet

Rehab Injury

Feel better

Improve Cardiovascular Fitness

Increase muscle strength

3. How would you describe your activity level during your adult life? a. Completely sedentary

a. Completely sedentary

b. Sporadic exercise

c. Somewhat regular exercise

d. Regular exercise

e. Competitive athlete

4. On a scale of 1 – 10, with 10 being the highest, how satisfied are you with the level of exercise that you have been maintaining throughout your adult life.

5. How would you rate your **current** physical activity level?

a. Little or no physical activity

- b. Occasional physical activity
- c. Regular physical activity at least 3 times per week.
- d. High levels of intense physical activity

6. Outside of your normal work and daily responsibilities, how often do you engage in vigorous exercise which markedly increases your breathing such as :vigorous walking, cycling, running, swimming, etc.

- a. Seldom or never
- b. Less than 1 time per week
- c. 1 – 2 times per week
- d. 3 – 5 times per week
- e. 6 or more times per week

7. How many times per week do you / could you participate in vigorous exercise?

- a. Seldom or never
- b. Less than 1 time per week
- c. 1 – 2 times per week
- d. 3 – 5 times per week
- e. 6 or more times per week

8. When you do vigorous exercise, how long do you spend each session?

- f. 0 – 14 minutes
- g. 15 – 29 minutes
- h. 30 – 44 minutes
- i. 45 – 59 minutes
- j. 60 minutes or more

9. List the days you would be free to exercise e.g. (Mon Wed & Fri) ?

10. How many years have you been exercising regularly?

- a. None
- b. Less than 1
- c. 2 – 5
- d. 6 – 10
- e. 10 +

11. Would you like your programmes designed for Gym attendance, or home use?

- a. Gym attendance

b. Home use

Please note: For Exercise Programmes designed for home use you would need to purchase equipment ie Med Ball, and Free Weights etc.

12. In a typical week, how many minutes do you spend doing the following activities?

<input type="text"/>	Walking	<input type="text"/>	Swimming
<input type="text"/>	Cycling	<input type="text"/>	Rowing
<input type="text"/>	Jogging / Running	<input type="text"/>	Stair Climbing
<input type="text"/>	Racquet sports	<input type="text"/>	Field Sports
<input type="text"/>	Skiing	<input type="text"/>	Group Fitness Classes
<input type="text"/>	Yoga / Pilates	<input type="text"/>	Strength Training
<input type="text"/>	Other		

13. On a scale of 1 – 5 with 5 being the highest, please circle the number that best applies to you.

a. Your present athletic ability	<input type="text" value="1"/>	<input type="text"/>
b. The importance of competition	<input type="text" value="1"/>	<input type="text"/>
c. Your present cardiovascular capacity	<input type="text" value="1"/>	<input type="text"/>
d. Your present muscular capacity	<input type="text" value="1"/>	<input type="text"/>
e. Your present flexibility capacity	<input type="text" value="1"/>	<input type="text"/>

14. Body Composition

Height inches

Weight pounds

% body Fat

15. What are your Vital Statistics?

Chest	<input type="text"/>	inches
Waist	<input type="text"/>	inches
Hips	<input type="text"/>	inches
Thigh	<input type="text"/>	inches
Calf	<input type="text"/>	inches
Arm	<input type="text"/>	inches
Forearm	<input type="text"/>	inches

16. Active Cardiovascular

Walk test	<input type="text"/> time	<input type="text"/> distance	<input type="text"/> heart rate
Bike Test	<input type="text"/> time	<input type="text"/> distance	<input type="text"/> heart rate
Step Test	<input type="text"/> time	<input type="text"/> distance	<input type="text"/> heart rate
Jog / Run Test	<input type="text"/> time	<input type="text"/> distance	<input type="text"/> heart rate

17. Musculoskeletal Fitness Assessment (TBC later during your exercise programme):

How many sit-ups can you perform in a minute? reps

How many Pull-ups can you perform in a minute? reps

How many Push-ups can you perform in a minute? reps

With nil weight on the Olympic Bar, how many bench press can you perform in a minute? reps

How many dips can you perform in a minute? reps

18. Tick the box next to any questions that you are responding to with a “yes”. If the answer is “No”, please leave the box blank.

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Do you feel pain in your chest when you do physical activity?
- In the past month, have you had chest pain when you were not doing physical activity?
- Do you lose your balance because of dizziness or do you ever lose consciousness?
- Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

Other:

Do you know of any other reason why you should not do physical activity?