
Health History and Questionnaire

Name _____

Address _____

Telephone (Day) _____ (Eve) _____

Height _____ Weight _____ Email _____

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise with a FITWELL Personal Trainer, please read the following questions carefully and answer each one honestly. All information will be kept confidential. Please check YES or NO:

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever experienced a stroke? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have epilepsy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have diabetes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have emphysema? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel pain in your chest when you engage in physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have chronic bronchitis? |
| <input type="checkbox"/> | <input type="checkbox"/> | In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently being treated for bone or joint problem that restricts you from engaging in physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a physician ever told you or are you aware that you have high blood pressure? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has anyone in your immediate family (parents/brother/sisters) has a heart attack, stroke, or cardiovascular disease before age 55? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a physician ever told you or are you aware that you have a high cholesterol level? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you currently smoke? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a male over 44 years of age? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a female over 54 years of age? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently exercising <i>LESS</i> than 1 hour per week? If you answered no, please list your activities? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently taking any medication?
Please list the medication and its purpose _____ |



What are your specific *fitness* goals with your FITWELL Personal Trainer? (Indicate all that apply)

- Increase strength and endurance
- Improve cardiovascular fitness
- Reduce body fat
- Exercise regularly
- Sports conditioning
- Improve flexibility
- Improve muscle tone
- Increase muscle mass
- Injury Rehabilitation
- Other _____

What are you specific *health* goals with your FITWELL Personal Trainer? (Indicate all the apply)

- Reduce stress
- Control blood pressure
- Stop smoking
- Improve productivity
- Feel better overall
- Improve nutritional habits
- Control cholesterol
- Achieve balance in life
- Reduce back pain
- Increase health awareness
- Other _____

What motivated you to train with a FITWELL Personal Trainer? (Indicate all that apply)

- Convenience/location
- Membership promotion
- Attended a health promotion event at work
- Peer support/suggestion
- Medical reasons
- Tried the Recreational Sports Facility as a guest
- Other _____

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

Signature _____

Date _____

Name (print) _____



Physical Activity Readiness Questionnaire (PAR-Q) and You

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 in the box 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. For more information about the PAR-Q, please see our attached sheet.

Check YES or NO:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you over the age of 69? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you know of <u>any other reason</u> why you should not do physical activity? |

If you answered:

YES to one or more of the questions:

You will need to obtain medical clearance BEFORE you start training with a FITWELL Personal Trainer or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES. **You will be redirected to the Medical Clearance Form at the end of this process.**

You may be able to do any physical activity you want—as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. A conversation with your doctor about the kinds of activities you wish to participate in and following his/her advice will insure the safest most effective approach.

NO honestly to all of the questions:

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 go to determine your basic fitness so that you can plan the best way for you to live actively.

Important Notes:

- 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.
- If you are or may be pregnant—talk to your doctor before you start becoming more active.
- 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.

Signature _____

Date _____

Name (print) _____



*** * *ONLY COMPLETE IF YOU ANSWERED "YES" TO ANY OF THE PAR-Q QUESTIONS * * ***

Medical Clearance Form

At UC Berkeley's Department of Recreational Sports, your safety is our primary concern. For that reason, we comply with the health and fitness standards of the American College of Sports Medicine.

On the Physical Activity Readiness Questionnaire (PAR-Q) you just completed, you identified that you have one or more coronary and / or other medical risk factors which may impair your ability to exercise safely. For this reason, you need to have a physician complete and return this medical clearance form before you can begin exercising at the Department of Recreational Sports.

We recognize that you are eager to start your fitness program, and we sincerely regret any inconvenience that this may cause you. However, please keep in mind that we want your exercise experience at the Department of Recreational Sports to be as safe as possible.

I hereby give my give my physician permission to release any pertinent medical information from any medical records to the staff at the Department of Recreational Sports. All information will be kept confidential.

Patient's Signature _____ **Date** _____

Information Requested for _____

Reason for medical clearance: *Answered "Yes" to the following PAR-Q questions (check all that apply).*

- Are you over the age of 69?
- 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?
- Do you know of any other reason why you should not do physical activity?

Physician's name _____ Phone _____ Fax _____

Address _____

For Physician Use Only

Please check one of the following statements:

- I concur with my patient's participation with no restrictions.
- I concur with my patient's participation in an exercise program if he / she restricts activities to:

- I do not concur with my patient's participation in an exercise program (if checked, the individual will not be allowed to participate in the Dept of Recreational Sports Personal Training Program).

Physician's name (type or print) _____

Physician's signature _____ Date _____

Please return to: Dept of Recreational Sports, 2301 Bancroft Way Berkeley CA 94720 or FAX (510) 643-1912
Attention: FITWELL Personal Training Manager

PAR – Q Clarifications

1. Are you over the age of 69?
(Significance/clarification: People over the age of 69 are statistically considered a moderate risk for many types of exercise. To ensure that certain exercises are not contraindicated, they should consult a physician before starting an exercise program.)

2. Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
(Significance/clarification: Persons with known heart disease are at increased risk for cardiac complications during exercise. They should consult a physician and undergo exercise testing before starting an exercise program in order to ensure that exercise prescription follow standard guidelines for cardiac patients. Note: Medical supervision may be required during exercise training.)

3. Do you feel pain in your chest when you do physical activity?
(Significance/clarification: See question 2.)

4. In the past month, have you had chest pain when you were not doing physical activity?
(Significance/clarification: A physician should be consulted to identify the cause of the chest pain, whether it occurs at rest or with exertion. If ischemic in origin, the condition should be stabilized before starting an exercise program. Exercise testing should be performed with the patient on his or her usual medication and the exercise prescription formulated in accordance with standard guidelines for cardiac patients.)

5. Do you lose your balance because of dizziness or do you ever lose consciousness?
(Significance/clarification: A physician should be consulted to establish the cause of these symptoms, which may be related to potentially life-threatening medical conditions. Exercise training should not be undertaken until serious cardiac disorders have been excluded.)

6. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
(Significance/clarification: Existing musculoskeletal disorders may be exacerbated by inappropriate exercise training. Persons with forms of arthritis known to be associated with a systemic component (for example, rheumatoid arthritis) may be at an increased risk for exercise-related medical complications. A physician should be consulted to determine whether any special precautions are required during exercise training.)

7. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition
(Significance/clarification: Medication effects should be considered when formulating the exercise prescription. The exercise prescription should be formulated in accordance with guidelines or the specific cardiovascular disease for which medications are being used. A physician should be consulted to determine whether the condition of factor requires special precautions during exercise training or contraindicates exercise training.)

8. Do you know of any other reasons why you should not do physical activity?
(Significance/clarification: The exercise prescription may have to be modified in accordance with the specific reason provided.)