



Physical Readiness Questionnaire

Moderate or vigorous exercise should not be a hazard for most people providing it is undertaken as part of a regular program starting from low intensity and progressing gradually. However, some people will need medical evaluation and advice before starting a program, some may need to exercise under medical supervision and some people may only be able to undertake restricted physical activity under medical supervision.

If you answer NO to all the questions, it is reasonable for you to assume that you are in a suitable physical condition to start a regular graduated exercise program.

If you answer YES to one or more question you are first advised to consult your doctor prior to participating in any exercise program.

In general having a regular physical, blood tests, and stress tests are good ways to get a look at how you are doing. These tests can be done via your family physician or at hospitals that provide these types of services.

Any exercise that you do that produces pain or dizziness should be immediately ceased and you should seek treatment from a professional doctor. Any exercise contains the risk of injury and in extreme cases death.

Health and Lifestyle Questionnaire

Name _____ Date _____ Birthdate _____

Address _____

City, State, Zip _____

Home Phone _____ Cell/Work Phone _____

Email Address _____

Primary Risk Factors

Have you been diagnosed with high blood pressure? ___ Yes No
If yes, are you taking medication for this? _____ Yes No

Have you been diagnosed with high cholesterol? _____ Yes No

Do you have asthma, diabetes, arthritis, migraines, or any other diagnosed condition that may affect you while exercising?

Do you currently smoke?_____Yes No

Have you ever smoked, if yes- how long ago and for how long did you smoke? _____

Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc...)

Have you ever had any surgeries? (Including c-sections, removing appendix)

Are you taking any current medications?

Do you partake in any recreational activities? Please list them...

How would you rate your current level of activity?

Sedentary

Light

Moderate

Athletic

Sedentary- no planned exercise at all

Light- planned moderate exercise 3 times a week for at least 30 minutes a time

Moderate- planned moderate to vigorous exercise 3 to 5 times a week for at least 30 to 60 minutes

Athletic- planned moderate exercise 5 to 7 days a week for at least 60 minutes each session

Eating Habits-

Please check which meals you eat regularly.

Breakfast_____ Lunch_____ Dinner_____

Do you feel that you have a good understanding of proper nutrition and food portions?

What is your current occupation? Describe your physical activities during your day. (If you are a student or homemaker etc... please list this as well.)

Do you sit, stand, drive or do repetitive activities?

What is your current occupation? Describe your physical activities during your day.
(If you are a student or homemaker etc... please list this as well.)
Do you sit, stand, drive or do repetitive activities?

Have you ever exercised in the past? Please list activities that you liked or disliked.
Are you interested in trying new activities/sports? Do you enjoy working out alone
or with others?

How many days of the week can you commit to working out? Be honest!!!

Waiver of Liability-

I _____ certify and acknowledge: That Lisa Kucharski, an independent Personal Trainer, has advised me, prior to my commencement of participation in a cardiovascular and weight training program, that such participation could result in physical injury.

That I _____ freely and knowingly assume the risks in such program and I hereby waive any right, claim or cause of action against Lisa Kucharski and release her from any liability for any injury, cost, damage, expense or claim, which I or anyone on my behalf might have as a direct or indirect result of my participation in this flexibility, cardiovascular and weight training program.

Print Name _____ Date _____

Signature _____