



[www.fitnessnowinfo.com](http://www.fitnessnowinfo.com)

620-C Long Point Rd  
Mt Pleasant, SC 29464

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## *Health Status Questionnaire*

Prior to the start of any exercise program or testing a health fitness instructor must first administer to their client a Health Status Questionnaire. This tool will aid the personal trainer in deciding what course of action should be followed in regards to program recommendations.

### **Instructions**

Complete each question as accurately as possible. All information is confidential.

### **Part 1. General information**

1. Date \_\_\_\_\_ E-mail \_\_\_\_\_
2. Name \_\_\_\_\_ Phone (Cell) \_\_\_\_\_
3. Mailing Address \_\_\_\_\_ Phone (H) \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (W) \_\_\_\_\_
4. Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Physician Address \_\_\_\_\_ Fax \_\_\_\_\_
5. Person to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_
6. Gender (circle one): Female Male
7. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_
8. Number of hours worked per week: Less than 20 20-40 41-60 over 60
9. How did you hear about **Fitness Now**? \_\_\_\_\_

### **Part 2. Medical History**

10. Circle any who had a heart attack before age 50:  
Father Mother Brother Sister Grandparent
  11. Date of Last medical physical exam: \_\_\_\_\_  
Last physical fitness test: \_\_\_\_\_
- (Male over 44yrs/Female over 54yrs require MC)**

12. Circle any operations that you have had:

Back *SLA* Heart *MC* Kidney *SLA* Eyes *SLA* Joint *SLA* Neck *SLA*  
Ears *SLA* Hernia *SLA* Lung *SLA* Other \_\_\_\_\_

13. Circle all medicine taken in last 6 months:

Blood thinner *MC* Epilepsy medication *SEP* Nitroglycerin *MC*  
Diabetic *SEP* Heart rhythm medication *MC* Other \_\_\_\_\_  
Digitalis *MC* High blood pressure medication *MC*  
Diuretic *MC* Insulin *MC*

14. Please circle any of the following for which you have been diagnosed or treated by a physician or health professional:

Alcoholism *SEP* Diabetes *SEP* Kidney problem *MC*  
Anemia, sickle cell *SEP* Emphysema *SEP* Mental illness *SEP*  
Anemia, other *SEP* Epilepsy *SEP* Neck strain *SLA*  
Asthma *SEP* Eye problems *SLA* Obesity *RF*  
Back strain *SLA* Gout *SLA* Phlebitis *MC*  
Bleeding trait *SEP* Hearing loss *SLA* Rheumatoid arthritis *SL*  
Bronchitis, chronic *SEP* Heart problems *MC* Stroke *MC*  
Cancer *SEP* High blood pressure *RF* Thyroid problem *SEP*  
Cirrhosis *MC* HIV *SEP* Ulcer *SEP*  
Concussion *MC* Hypoglycemia *SEP* Other \_\_\_\_\_  
Congenital defect *SEP* Hyperlipidemia *RF*

15. Any of these health symptoms that occur frequently require medical attention. Circle the number indicating how often you have each of the following:

5= Very often

4= Fairly often

3= Sometimes

2= Infrequently

1=Practically never

0=Never

a. Cough up blood (*MC*)

0 1 2 3 4 5

b. Abdominal pain (*MC*)

0 1 2 3 4 5

c. Low-back pain (*MC*)

0 1 2 3 4 5

d. Leg Pain (*MC*)

0 1 2 3 4 5

e. Arm or shoulder pain (*MC*)

0 1 2 3 4 5

f. Chest pain (*RF MC*)

0 1 2 3 4 5

g. Swollen joints (*MC*)

0 1 2 3 4 5

h. Feel faint (*MC*)

0 1 2 3 4 5

i. Dizziness (*MC*)

0 1 2 3 4 5

j. Breathlessness with slight exertion (*MC*)

0 1 2 3 4 5

k. Palpitation or fast heart beat (*MC*)

0 1 2 3 4 5

l. Unusual fatigue with normal activity (*MC*)

0 1 2 3 4 5

### Part 3. Health-related behaviors

16. Do you now smoke? *RF* Yes No
17. If you are a smoker, indicate the number smoked per day: *RF*  
Cigarettes: 40 or more 20-39 10-19 1-9  
Cigars or pipes only: 5 or more or any inhaled less than 5
18. Do you exercise regularly? *RF* Yes No
19. How many days a week do you accumulate 30 minutes of moderate activity?  
0 1 2 3 4 5 6 7 days per week
20. How many days per week do you normally spend at least 20 minutes in vigorous exercise?  
0 1 2 3 4 5 6 7 days per week
21. Can you walk 4 miles briskly without fatigue? Yes No
22. Can you jog 3 miles at a moderate pace without discomfort? Yes No
23. Weight now: \_\_\_\_\_ lb. One year ago: \_\_\_\_\_ Age 21: \_\_\_\_\_

### Part 4. Health-related attitudes

24. These are traits that have been associated with coronary-prone behavior. Circle the number that corresponds to how you feel towards the following statement:

**I am an impatient, time-conscious, hard-driving individual.**

Circle the number that best describes how you feel:

- 6= Strongly agree  
5= Moderately agree  
4= Slightly agree  
3= Slightly disagree  
2= Moderately disagree  
1= Strongly disagree

25. List everything not included on this questionnaire that may cause you problems in a fitness test or fitness program:

**Signature:** \_\_\_\_\_

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

### Code For Health Status Questionnaire

*EI* = Emergency Information-must be made readily available.

*MC* = Medical Clearance needed-do not allow to exercise without physician's permission.

*SEP* = Special Emergency Procedure needed-do not let participant exercise alone; make sure the person's exercise partner knows what to do in case of emergency.

*RF* = Risk factor for CHD (educational materials and workshops needed)

*SLA* = Special or Limited Activities may be needed-you may want to include or exclude specific exercises.

# ***Informed Consent***

Thank you for choosing to use the facilities, services, and programs of *Fitness Now*. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, \_\_\_\_\_, declare that I intend to use some or all of the activities, facilities, programs, and services offered by *Fitness Now* and understand that each person, (myself included), has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services and programs offered are educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is related to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program of *Fitness Now* brings with it my assumption of those risks or results stemming from this choice and the fitness, performance, health, awareness, care, and skill that I possess and use. I accept the fact that the skills and competencies of some employees and or volunteers will vary according to their experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, insured, or registered, and herein employed to provide such professional services. I recognize that by participating in the activities, facilities, programs, and services offered by *Fitness Now* I may experience potential health risks which include but are not limited to; transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, nausea, muscle soreness, muscle strains, and very rare instances of heart attack, stroke, or even death and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response. I understand that I may ask any questions or request further explanation about the activities, facilities, programs, and services offered by *Fitness Now* at any time before, during, or after my participation. I declare that I have read, understood, and agree to the contents of this informed consent agreement in its entirety.

Signed \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

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## ***CLIENT POLICIES***

***Client Policies*** are designed so that clients have the greatest likelihood of goal accomplishment. These policies also help clients stay on track and continue with program progression.

1. Programs are month to month. All sessions must be paid at the time of service. Coupons must be presented within the week of payment.
2. If a client is absent from their program for an extended period of time they forfeit all remaining sessions. Sessions may not be carried over from month to month.
3. Clients are responsible for giving 2 weeks notice should they wish to discontinue or change programs. This will assist in scheduling appointments and evaluations.
4. Family Discounts-10% discount will be given to 1 additional family member.
5. All schedule changes must occur 24 hours prior to appointment.
6. Any appointment cancelled within 24 hours will be forfeited.
7. “No Shows” are unacceptable. We are committed to our clients success and require communication should a client be unable to attend their workout session. No show appointments are forfeited.
9. If a client no shows or late cancels he/she will be charged. If a client comes in to workout at another time on that day, they will be charged again.
10. Program accountability and commitment are essential elements to client success and progression.
11. There will be a \$30 charge for all returned checks.
12. Clients need to wear a t-shirt over tank tops, v-neck tops and spandex workout attire. Long t-shirts or shorts need to be worn over spandex bottoms.
13. Please no cell phones

### Hours of Operation

Monday-Friday 6AM-8PM

Saturday 7:30AM-12PM/Sunday-closed

Closed-New Years, Good Friday, Memorial Day, July 4<sup>th</sup>, Thanksgiving, Christmas, and Labor Day.

\*\*\*If clients have workout sessions scheduled for these days the clients may make up the sessions (before or after the date in question).

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## ***SIGN AND DATE***

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