

Restek Wellness Pre-Exercise Screening Questionnaire

General Information

Trainer Name: _____

Date: _____

Client Name:	Client Signature:
Department:	Job Title:
Date of Birth:	Age:

Have you had any of the following?

	YES	NO
Heart attack		
Heart surgery		
Cardiac catheterization		
Coronary angioplasty (PTCA)		
Heart arrhythmias		
Implantable defibrillator or pacemaker		
Heart valve disease		
Congenital heart disease		
<i>If you answered yes, please describe and list dates:</i>		

Do you have any of the following?

	YES	NO
Chest discomfort with exertion		
Unreasonable shortness of breath		
Do you take heart medications (for chest pain/angina, irregular heartbeats, high blood pressure, high cholesterol, or other cardiovascular conditions)		

Cardiovascular Risk Factors

	YES	NO
Are you a man older than 45 years of age?		
Are you a woman older than 55 years of age or have you had a hysterectomy or are you postmenopausal?		
Do you smoke?		
Is your blood pressure greater than 130/80 or are you on blood pressure medication?		
Is your blood cholesterol greater than 200 dL/mg or are you on cholesterol lowering medication?		
Have you had a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister)?		
Are you diabetic or do you take medication to control your blood sugar?		
Are you physically active (e.g. you get 30 min. or more exercise at least 3 days per week)?		
Are you more than 20 pounds overweight?		
Do you feel that you are under excessive stress at work and/or at home?		

Do you have any musculoskeletal problems (e.g. neck/back pain or joint pain)?

Are you aware of any injury, past or present, which may be aggravated by any form of exercise or physical activity?

Have you ever had surgery? If yes, for what and when?

Do you take prescription medication?

Are you pregnant, planning to become pregnant, or had a baby in the last 6 months?
Do you have any concerns about the safety of exercise?

Do you have any previous experience with personal training?

How do you rate the amount of physical activity you perform while at work?

- Very Low
- Low
- Moderate
- Active
- Very Active

Which types of training have you had experience with previously?

1. Cardiovascular training. (Walking, Jogging, Running) _____
2. Endurance training. (Long distance running) _____
3. Strength training. (Free weights, resistance machines) _____
4. Flexibility training. (Yoga, Pilates) _____
5. Hypertrophy training. (Bodybuilding) _____
6. Regular gym sessions. _____

Are you presently, or have you previously, played a specific sport?
If YES, please specify:

How do you perceive your current level of fitness?

- Very Low
- Low
- Moderate
- Active
- Very Active

What are your short and long term health and fitness goals?

Short Term:

Long Term:

How many times per week are you looking to train?

Which days of the week and at what time of day would you prefer to train?