

# SIDE BY SIDE FITNESS

Lets do it together

## Pre Exercise Questionnaire

All information provided will be kept strictly confidential

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### Personal Details

Name \_\_\_\_\_

Age \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

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### Emergency Contact Details

Name \_\_\_\_\_

Mobile \_\_\_\_\_

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## Health History

List any medications you are currently taking

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Do you have diabetes?	YES	NO
Do you have epilepsy?	YES	NO
Have you had a stroke?	YES	NO
Have you ever had a heart attack or any other heart condition?	YES	NO
Do you suffer from asthma?	YES	NO
Have you recently had surgery?	YES	NO
Are you pregnant?	YES	NO
Is there any other KNOWN physical reason that prevents you from participating in an exercise program? If yes, please list details	YES	NO

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Do you often feel faint or have spells of severe dizziness?	YES	NO
Do you smoke?	YES	NO
Do you have high blood pressure?	YES	NO
Do you suffer from any bone/joint/muscle problems? If yes, please list details	YES	NO

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## Health History cont.

Do you suffer any back problems?	YES	NO
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If yes, please list details

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## Exercise History

Please tick as appropriate

Additional details

<input type="checkbox"/>	Improve strength / gain muscle / weight	<hr/>
<input type="checkbox"/>	Improve cardiovascular fitness	<hr/>
<input type="checkbox"/>	Improve muscle tone and shape	<hr/>
<input type="checkbox"/>	Lose weight / improve diet / eating habits	<hr/>
<input type="checkbox"/>	Reduce stress and increase energy	<hr/>
<input type="checkbox"/>	Improve / increase flexibility	<hr/>
<input type="checkbox"/>	Injury prevention / rehabilitation	<hr/>
<input type="checkbox"/>	And additions goals	<hr/>

What specific health and fitness goals would you like to achieve? (eg complete 10km run, lose 2 dress sizes)

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## Exercise History Cont.

Are you currently involved in cardiovascular activity?

YES

NO

IF YES

What type?

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How often?

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IF NO

What cardiovascular activities do you enjoy? \_\_\_\_\_

What cardiovascular activities do you dislike? \_\_\_\_\_

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Are you currently involved in resistance training?

IF YES

How often? \_\_\_\_\_ YES NO

IF NO

Have you ever done resistance training and what type? \_\_\_\_\_

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## General Information

How much time each week could you allocate to physical activity?

\_\_\_\_\_

How much does work effect your time to exercise?

\_\_\_\_\_

What is your current attitude to exercise?

\_\_\_\_\_

Have you ever set a fitness or weight loss goal and failed to achieve results YES NO

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If yes, what factors got in the way of you achieving your results?

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How satisfactory do you consider your diet to be?

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Exercise aside, are you fairly active as part of your lifestyle?

YES

NO

Please provide details

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Do you consider yourself a morning person?

YES

NO

In regards to a healthy lifestyle, what are your biggest weaknesses (eg. Too much TV, chocolate)

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Long term goal

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Medium term goal

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Short term goal

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