

Pre-activity Screening Questionnaire

Lifestyle Fitness Center

Agreement Number _____

Lifestyle Fitness Center
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 The Woodlands, TX 77381
 281-292-4883
 kcrowell@lifestylefitnesscenter.com

Agreement Date _____

Regular physical activity is fun, and a healthy part of a balanced, energetic life. While becoming more active is very safe for most people, some individuals should check with their doctor before they start becoming much more physically active. Since your health and safety is our greatest concern, we ask that you please answer the following questions. If you are under the age of 69, the answers to these questions will indicate 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 first.

Name:		Date:	
Date of Birth:	Age:	Sex:	Height: ft in Weight:
Address:			
City:	State:	Zip code:	
Phone:			
Person to contact in case of emergency			
Name:		Phone:	

Are you taking any medications or drugs? If so, please list medications below.

Medication	Dosage	Reason

Does your physician know you are participating in this exercise program? YES NO

Please answer the following questions:

- | | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. 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"/> | 6. Is your doctor currently prescribing drugs for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of any other reason you should not do physical activity? |

Do you now or have you had in the past:

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 8. History of heart problems, chest pain or stroke |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Increased blood pressure |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Any chronic illness or condition |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Difficulty with physical exercise |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Advice from physician not to exercise |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Recent surgery (last 12 months) |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Pregnancy (now or within last 12 months) |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. History of breathing or lung problems |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Muscle, joint or back disorder, or any previous injury still affecting you |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Diabetes or thyroid condition |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Cigarette smoking habit |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Obesity (more than 20 percent over ideal body weight) |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Increased blood cholesterol |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. History of heart problems in immediate family |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Hernia, or any condition that may be aggravated by lifting weights |

Please explain any YES answers below. Indicate the number of the question you are explaining.

If you answered YES to one or more questions:

- ✓ Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the questions you answered yes.
- ✓ You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you answered NO honestly to all, you can be reasonably sure 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 determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:

- ✓ If you are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better; or
- ✓ If you are or may be pregnant – talk to your doctor before you start becoming more active.

Please note: 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.