

## One To One Fitness Questionnaire

### Health and Fitness History

Are you presently involved in a regular exercise program? If yes, please list activity, duration, frequency, and intensity.

Do you know smoke or have you ever smoked?

Do you drink coffee or colas that contain caffeine? If yes, how much per day?

Are you now or have you ever been on a diet? If yes, please explain.

How active do you consider yourself?

Sedentary   Lightly active   Moderately Active   Highly Active

How would you describe your nutrition habits?

Good   Fair   Poor

Please describe your knowledge of fitness?

Good   Fair   Poor

How would you characterize your life?

Highly stressful   Moderately stressful   Low in stress

## **Medical History and Present Medical Condition**

Check and conditions or diseases you now have or have had in the past.

Heart Attack	Anemia	Vertigo	Tendonitis
Stroke	Asthma	Ulcers	Bursitis
Diabetes	Pneumonia	Migraine	Hernia
High Blood Pressure	Emphysema	Reflux	Frozen shoulder
Low Blood Pressure	Arthritis	Shortness of breath	
Swollen, stiff, or painful Joints	Anxiety	Fatigue or lack of energy	

Please list any prescribed medications you are now taking?

Please list any over the counter medications or dietary supplements you are now taking?

Have you had any surgery? If yes, please explain.

Do you have any orthopedic issues with your shoulders, elbows, hands, hips, knees, neck or low back?

Do you have any neurological conditions such as sciatica, pinched nerves, carpal tunnel, bells palsy, pins and needles, numbness, paresthesia?

Please list the date of the last physical examination and results? (B/P, Heart Rate, Pulse, glucose, cholesterol, Thyroid, hormones levels, ect..)