

General Information:

Name: _____ Phone Number: _____

Address: _____ Age: _____

Emergency Contact

Name: _____ Phone Number: _____

Relationship: _____

Preferred availability for training:

- | | | |
|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday | <input type="checkbox"/> Morning (6 AM – 9 AM) |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Mid-day (10 AM – 4 PM) |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday | <input type="checkbox"/> Evening (4 PM – 8 PM) |
| <input type="checkbox"/> Thursday | | <input type="checkbox"/> Other: _____ |

Fitness Related Questions:

On a scale of 1 to 10, how would you rate your present fitness level (1: worst—10: best)? _____

Are you satisfied with your current level of fitness? ☐ Yes ☐ No

On average, how often do you currently participate in physical activity?

☐ 5-7 times/week ☐ 3-4 times/week ☐ 1-2 times/week ☐ not in the past 6 months

If active, list your current activities (Cardio, Sports, Strength Training, Stretching):

Have you worked with a personal trainer before? ☐ Yes ☐ No

The reason(s) you are seeking personal training?

- | | | |
|--|---|---|
| <input type="checkbox"/> Reduce Fat | <input type="checkbox"/> Improve Health | <input type="checkbox"/> Improve Health |
| <input type="checkbox"/> Tone Muscles | <input type="checkbox"/> Build Muscle Mass | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Improve Sport Specific Skills | <input type="checkbox"/> Increase Muscle Mass | <input type="checkbox"/> Reduce Stress |
| <input type="checkbox"/> Increase Flexibility | <input type="checkbox"/> Improve Exercise Technique | <input type="checkbox"/> Add Variety to Exercise Regime |
| <input type="checkbox"/> Other: _____ | | |

Health Related Questions

Have you had or presently have any of the following conditions?

- | | |
|---|--|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Recent operations (last 12 months) |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Injuries, joint or bone problems |
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Fainting or dizziness |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Chest pain (at rest and/or with activity) |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Stroke or TIA |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Edema (ankle swelling) |
| <input type="checkbox"/> Lung disease (COPD, emphysema) | <input type="checkbox"/> Intermittent claudication (calf cramping) |
| <input type="checkbox"/> Unusual fatigue or shortness of breath with usual activities | |

Do you have any other conditions or disabilities not listed above that may affect your ability to exercise?

Signature: _____

Date: _____

Thank you for taking the time to fill out this form. Our personal trainers are excited to work with you towards your health and fitness goals! We will contact you as soon as possible.

Office Use Only:

Date Received: _____ Clerks Initials: _____

Trainer Assigned: _____ Course #: _____

Comments: _____

Registration Date: _____

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see csep.ca/certifications) or health care provider is advisable. **This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.**

- ☐ I am completing this questionnaire for myself.
- ☐ I am completing this questionnaire for my child/dependent as parent/guardian.

YES	NO	PREPARE TO BECOME MORE ACTIVE
		<p>The following questions will help to ensure that you have a safe physical activity experience. Please answer YES or NO to each question <u>before</u> you become more physically active. If you are unsure about any question, answer YES.</p>
		<p>1 Have you experienced ANY of the following (A to F) <u>within the past six months</u></p>
		<p>A A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?</p>
		<p>B A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?</p>
		<p>C Dizziness or lightheadedness during physical activity?</p>
		<p>D Shortness of breath at rest?</p>
		<p>E Loss of consciousness/fainting for any reason?</p>
		<p>F Concussion?</p>
		<p>2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?</p>
		<p>3 Has a health care provider told you that you should avoid or modify certain types of physical activity?</p>
		<p>4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?</p>
		<p>• • ➤ NO to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY • ➤</p>
<p>YES to any question: go to Reference Document – ADVICE ON WHAT TO DO IF YOU HAVE A YES RESPONSE ➤➤</p>		

ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are now. 1 During a typical week, on how many days do you

do moderate- to vigorous-intensity aerobic physical DAYS/

WEEK activity (such as brisk walking, cycling or jogging)? 2 On days that you do at least moderate-intensity aerobic activity (e.g., brisk walking), MINUTES/

DAY for how many minutes do you do this activity?

physical

For adults, please multiply your average number of days/week by the average number of minutes/day: MINUTES/ WEEK

Canadian Physical Activity Guidelines recommend that adults accumulate at least 150 minutes of moderate- to vigorous-intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended (see csep.ca/guidelines).

GENERAL ADVICE FOR BECOMING MORE ACTIVE

Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do **vigorous-intensity physical activity** (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness.

DECLARATION

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct. If my health changes, I will complete this questionnaire again.

I answered **NO** to all questions on Page 1

I answered **YES** to any question on Page 1

Sign and date the Declaration below

Check the box below that applies to you:

- ☐ I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.
- ☐ I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.

Name (+ Name of Parent/Guardian if applicable) [Please print]

Signature (or Signature of Parent/Guardian if applicable)

Date of Birth

Date

Email (optional)

Telephone (optional)

With planning and support you can enjoy the benefits of becoming more physically active. A QEP can help.

- ☐ Check this box if you would like to consult a QEP about becoming more physically active. (This completed questionnaire will help the QEP get to know you and understand your needs.)

Use this reference document if you answered YES to any question and you have not consulted a health care provider or Qualified Exercise Professional (QEP) about becoming more physically active.

1 Have you experienced ANY of the following (A to F) within the past six months?

<p>A A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?</p> <p><input type="checkbox"/> <u>YES</u></p>	<p>Physical activity is likely to be beneficial. If you have been treated for heart disease but have not completed a cardiac rehabilitation program within the past 6 months, consult a doctor – a supervised cardiac rehabilitation program is strongly recommended. If you are resuming physical activity after more than 6 months of inactivity, begin slowly with light- to moderate-intensity physical activity. If you have pain/discomfort/pressure in your chest and it is new for you, talk to a doctor. Describe the symptom and what activities bring it on.</p>
<p>B A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?</p> <p><input type="checkbox"/> <u>YES</u></p>	<p>Physical activity is likely to be beneficial if you have been diagnosed and treated for high blood pressure (BP). If you are unsure of your resting BP, consult a health care provider or a Qualified Exercise Professional (QEP) to have it measured. If you are taking BP medication and your BP is under good control, regular physical activity is recommended as it may help to lower your BP. Your doctor should be aware of your physical activity level so your medication needs can be monitored. If your BP is 160/90 or higher, you should receive medical clearance and consult a QEP about safe and appropriate physical activity.</p>
<p>C Dizziness or lightheadedness during physical activity</p> <p><input type="checkbox"/> <u>YES</u></p>	<p>There are several possible reasons for feeling this way and many are not worrisome. Before becoming more active, consult a health care provider to identify reasons and minimize risk. Until then, refrain from increasing the intensity of your physical activity.</p>
<p>D Shortness of breath at rest</p> <p><input type="checkbox"/> <u>YES</u></p>	<p>If you have asthma and this is relieved with medication, light to moderate physical activity is safe. If your shortness of breath is not relieved with medication, consult a doctor.</p>
<p>E Loss of consciousness/ fainting for any reason</p> <p><input type="checkbox"/> <u>YES</u></p>	<p>Before becoming more active, consult a doctor to identify reasons and minimize risk. Once you are medically cleared, consult a Qualified Exercise Professional (QEP) about types of physical activity suitable for your condition.</p>
<p>F Concussion</p> <p><input type="checkbox"/> <u>YES</u></p>	<p>A concussion is an injury to the brain that requires time to recover. Increasing physical activity while still experiencing symptoms may worsen your symptoms, lengthen your recovery, and increase your risk for another concussion. A health care provider will let you know when you can start becoming more physically active, and a Qualified Exercise Professional (QEP) can help get you started.</p>

After reading the ADVICE for your YES response, go to Page 2 of the
Get Active Questionnaire – ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Use this reference document if you answered **YES** to any question and you have not consulted a health care provider or Qualified Exercise Professional (QEP) about becoming more physically active.

2 Do you currently have pain or swelling in any part of your body (such as YES from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active? ☐

If this swelling or pain is new, consult a health care provider. Otherwise, keep joints healthy and reduce pain by moving your joints slowly and gently through the entire pain-free range of motion. If you have hip, knee or ankle pain, choose low-impact activities such as swimming or cycling. As the pain subsides, gradually resume your normal physical activities starting at a level lower than before the flare-up. Consult a Qualified Exercise Professional (QEP) in follow-up to help you become more active and prevent or minimize future pain.

3 Has a health care provider told you that you should avoid or modify certain YES types of physical activity? ☐

Listen to the advice of your health care provider. A Qualified Exercise Professional (QEP) will ask you about any considerations and provide specific advice for physical activity that is safe and that takes your lifestyle and health care provider's advice into account.

4 Do you have any other medical or physical condition YES (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active? ☐

Some people may worry if they have a medical or physical condition that physical activity might be unsafe. In fact, regular physical activity can help to manage and improve many conditions. Physical activity can also reduce the risk of complications. A Qualified Exercise Professional (QEP) can help with specific advice for physical activity that is safe and that takes your medical history and lifestyle into account.

After reading the **ADVICE** for your **YES** response, go to **Page 2** of the **Get Active Questionnaire – ASSESS YOUR CURRENT PHYSICAL ACTIVITY**

**WANT ADDITIONAL INFORMATION ON
BECOMING MORE PHYSICALLY ACTIVE?**

► csep.ca/certifications

CSEP Certified members can help you goals.

► csep.ca/guidelines

Canadian Physical Activity Guidelines for all ages. with your physical activity