

Trineet Fitness Health Questionnaire

About This Form

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of a PAR-Q is a sensible first step to take if you are planning on increasing the amount of physical activity in your life.

For most people physical activity should not pose a problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these questions.

How To Use

Please complete this questionnaire and save it to your computer / device.

Once complete please email it back to me anita@trineetfitness.co.uk or print it out and bring it with you to your consultation.

IMPORTANT

*If you are using an Apple Mac computer you must fill this form in with Adobe Reader not "preview" the PDF reader that comes with your Apple Mac as standard.
You can download Adobe Reader For Free [Here](#)*

The TriNeet Fitness Promise To You

When you book me as your Personal Trainer you will receive:

A complete workout plan (if required) prepared personally by me.

Your training schedule will be based on:

- Your chosen fitness goals
- Your chosen training methods
- Your personal fitness and health level
- Safe personal training plan based on safe and correct technique(s)
- Practical teaching experience, over 30 years as an athlete and my qualifications have taught me that this is the only effective way to avoid injuries and achieve your full potential
- A weekly "feedback and motivate" by phone or email including updates to your exercise schedule as you progress and nutrition tips
- 100% Respect, patience and support.

Date

About You

First name

Last name

Address Line 1

Address Line 2

Address Line 3

Post Code

Home Telephone

Mobile Telephone

Work Telephone

Email

Occupation

Date of Birth

Height

Weight

Emergency Contact Details

Name

Relationship

Address Line 1

Address Line 2

Post Code

Telephone Number

Home Telephone

Work Telephone

Mobile Telephone

Your Doctors Details

Name

Surgery Address

Post Code

Telephone Number

About Your Health & Fitness Goals

What health and fitness goals would you like to achieve in the next 3 months? i.e. lose 7lbs, start a running programme etc

What long term health and fitness goals would you like to achieve over the next 12 months?

Name 3 things you will do in order to improve your health and fitness

1

2

3

Would you like TriNeet Fitness to record your body measurements each month? This will include measuring parts of your body and taking a body fat %

YES

NO

Which areas of your body do you want to target? State all that apply

About Your Exercise Habits

What are your main reasons for starting a fitness programme?

- General Conditioning
- Stress Management
- Aerobic Fitness
- Enjoyment
- Improve self-esteem
- Appearance
- Weight and fat loss
- Muscular strength
- Flexibility
- Social
- Disease Prevention

Other (Please give details)

How would you describe your current fitness condition? Please give details of your current exercise programmes, if applicable

Have you ever done any structured exercise?

- YES
- NO

If you answered Yes to the above question

What activities did you do? Please also state how hard you worked and how long

How long did you do this for?

How many times per week did you complete this type of activity?

Did you get the results you hoped for?

YES

NO

If you answered Yes to the above question, why did you stop?

What types of exercise do you enjoy the most?

What types of exercise do you NOT enjoy?

What would you identify as the main barriers preventing you from exercising in the future? Check all that apply

Procrastination

No Time

Injury

Financial Cost

Family Responsibilities

Lack of Motivation

Lack of facilities

Lack of ability or fitness

Lack of relevant knowledge

Medical Advice

Other (Please give details)

What training environments do you enjoy?

Indoors

Outdoors

Gym

Classes

Other (please give details)

What are your preferred training methods? Check all that apply

Running (How to start a running programme or improve)

Resistance Training (Light weights and bodyweight etc)

Circuit Training / Body Conditioning / Strength work

Fitness Walking (mixture of walking and resistance exercises)

Pure Cardio (mixture of walking, running, cycling, x-trainer, rowing)

Pilates/Yoga/Core style workouts

Other (please give details)

Do you prefer your workouts to

Vary each time

Remain the same for a short period of time to see progress

Your Nutritional Needs

On a scale of 1 - 5 how would you assess the quality of your diet?

	1 Very Low	2	3	4	5 High

Do you follow a particular diet? Please check all that apply

Vegetarian and Fish

Vegetarian

Vegan

Allergy Elimination

Other (Please give details)

Would you like any advice or support to help you make any changes to the quality of your diet?

YES

NO

If you answered Yes to the question above, please state below your 3 goals for doing this

Goal 1

Goal 2

Goal 3

Have you had your diet analysed before?

YES

NO

If you answered Yes above, please give more details

What would you say are your nutritional weaknesses?

Over eating

Under eating

Portion control

Chocolate

Crisps

Alcohol

Other (Please give details)

Please list any mineral supplements you currently take

1

2

3

4

5

6

Do You:

Skip Meals?

Eat Breakfast?

Eat Late at Night

About Your Lifestyle

How many units of alcohol do you drink in a typical week? One unit of alcohol equals : ($\frac{1}{2}$ pint of a standard beer/lager, 1 small glass of wine , 1 pub measure of a spirit)

No. of Units

Do you smoke?

YES

NO

Occassionaly

If you answered Yes, please indicate the number smoked per day

1 - 9

10 - 19

20 - 39

40 +

Would you like help to stop smoking?

YES

NO

Not Applicable

How many hours do you regularly sleep?

Describe your job

Sedentary

Active

Physically demanding

About Your Structural Health

Do you have any of the following conditions? Please check all that apply

- Osteoarthritis
- Rheumatoid arthritis
- Knee/thigh injury
- Back pain/injury
- Wrist/hand injury
- Ankle/foot injury
- Swollen joints
- Shoulder injury
- Head/neck injury
- Arm/elbow injury
- Hip/pelvis injury
- Nerve damage
- Bone fracture
- None of the above

If you answered Yes to the conditions above, please give further details here

Are these or any other injuries aggravated by exercise? If Yes, please give further details here

Are you currently receiving physical therapy?

- YES
- NO

If Yes, please give further details here

About Your Medical History

Based on your answers in this section we may ask your permission to seek your GP's advice before commencement of any exercise programme.

Is there a family history of any of the following medical conditions? * Please check all that apply

- Heart problems
- Epilepsy
- Cancer
- Diabetes
- Early Menopause
- None of the above

Other (Please give details)

Have you had major surgery in the last 10 years

- YES
- NO

If Yes please give details

Please tick any of the following for which you have been diagnosed or treated by a doctor or health professional?

- Asthma
- Epilepsy
- High Blood Pressure
- Diabetes
- Heart problems
- Cancer
- None of the above

Other (Please give details)

Please state if you have taken any of the following medications in the last 6 months

- Blood Thinner
- Epilepsy medication
- Beta Blockers
- Anti Depressants
- Diabetic medications
- Diuretics
- Cancer medications
- None of the above

Please state other relevant medications not listed

Tick the box if you have ever experienced any of the following symptoms. Do you

ever get unusually short of breath with very light exertion?

ever have pain, pressure heaviness or tightness in the chest area?

regularly have unexplained pain in the abdomen, shoulder or arm?

ever have severe dizzy spells or episodes of fainting?

regularly get lower leg pain during walking that is relieved by rest?

ever feel "skips", palpitations or runs of fast beats in your chest?

None of the above

Please list any health problems you suffer from, not already mentioned

Are you currently pregnant or have you given birth in the last 12 months?

YES

NO

Declaration

I confirm that to the best of my knowledge the information given within this document is correct and I understand that it will be treated with strictest confidence by TriNeet Fitness (and by those acting for and on behalf of TriNeet Fitness) for services that I may wish to engage in now and in the future.

Name

Date

Signature

Informed Consent

I acknowledge that by signing this document, I have voluntarily chosen to participate in a program of progressive physical exercise. This can enhance the musculoskeletal and cardio respiratory systems. In signing this document, I acknowledge being informed of the possible strenuous nature of the program and the potential for unusual, but possible physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack or death. I understand that questions about exercise procedures and recommendations are encouraged and welcomed. I have been informed of the need to obtain a doctor's examination and approval prior to beginning this exercise program. I accept all responsibility for my health and any result of an injury or mishap that may affect my wellbeing or health in any way. By signing this document, I assume all risk for my health and wellbeing and hold harmless of any responsibility, the trainer, facility or any persons involved with this program and testing procedures.

Name

Date

Signature

Training Check List

Before the training session

Inform TriNeet Fitness of any aches, pains or illnesses have I that I have had since the previous session

Let TriNeet Fitness know if I need to cancel a session by calling at least 24 hours before the scheduled time

During all training sessions I AGREE TO

Wear loose comfortable clothing

Wear Trainers / sensible footwear suitable for exercising

Stay hydrated by having a bottle of water / energy drink close by

Let TriNeet Fitness know periodically how I feel about the training session (too hard, too easy, just right!)

Ask for a water break if I need it

After the training session

Take part in stretching and cool down exercises

Feedback any thoughts which can be taken into consideration for the following session

For office use only (To be completed by Trineet Fitness)

GP to be contacted

If Yes

YES

GP Referral Letter Sent

NO

GP Response Received