



# Personal Training Health Questionnaire



**ID Card Checked By:** \_\_\_\_\_

## **Instructions:**

Please complete all information accurately. If there is a question that is not applicable, write N/A. Turn paperwork in to the Personal Training Office so that we may schedule your initial appointment. The initial appointment will take approximately 30-60 minutes and involves graded exercise testing (cardiovascular level, body composition, weight, blood pressure, muscular strength, endurance, and flexibility). Please ask a Personal Trainer if you have questions concerning this questionnaire. All information is confidential. You will have up to eight weeks to work with your trainer.

This Health Questionnaire will be held for a period of 12 weeks up to the first initial appointment. If patron fails to comply with scheduled appointments and/or trainer contact, this document will be destroyed and patron will be required to fill out a new Health Questionnaire and begin the process over. A maximum of two Health Questionnaires will be allowed to be submitted within a six-month period. ***Failure to show for your first appointment with no prior contact to the trainer will result in this document being destroyed.***

Date turned in: \_\_\_\_\_

What would be the best time to conduct the initial testing? \_\_\_\_\_

What part of the day would you like to work with a trainer? \_\_\_\_\_

Trainer Requested: \_\_\_\_\_ Phone: W / H / C: \_\_\_\_\_

# SEMPER FIT Personal Training

**MISSION STATEMENT**

The MCCS personal training staff's primary objective is to assist Semper Fit "to help make Marines mission ready." The Personal Training fitness professionals will assist all that support their primary objective including: Active Duty Personnel, Retirees, Family Members, Reservists, and DoD employees.

**Personal Trainer Responsibilities**

1. An initial fitness assessment will be performed before the client's exercise prescription is developed. Retest Fitness Assessments will then be performed every six to eight weeks.
2. A full body exercise program encompassing cardiovascular endurance, muscular fitness, and flexibility will be prescribed for the client.
3. A safe and balanced exercise program designed specifically for client's goals (i.e. weight loss, sports, military testing) is available upon client's request.

**Client Responsibilities**

1. Clients must arrive on time for all appointments. Tardiness of 10 minutes or more results in rescheduling of appointment.
2. Clients must give advanced notification to their personal trainer when unable to attend appointment. (24-hour notification is preferred.)
3. Client must notify their personal trainer when experiencing any kind of difficulty or concerns regarding their exercise program.
4. The client's adherence to their exercise program is directly related to their program's success.

**CLIENT / TRAINER CONTRACT**

I, \_\_\_\_\_, understand that if I do not notify my personal trainer that I will miss my scheduled appointment, it will result in a "No Show." If I call and reschedule my appointment in an untimely manner or without just cause, it will result in a "Cancellation." I also understand that two "No Shows" and/or "Cancellations" will result in the reapplication process in which I may be placed on a waiting list for personal training services.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Client Name	Client Called/Messages	Client Called/Messages	Client Called/Messages	Medical Release Waiting/Received	APPT. Date
	NS/CX	NS/CX	NS/CX		



11. Please circle any of the following for which you have been diagnosed or currently being treated by a physician or health professional:

Asthma <i>ai</i>	Concussion <i>ai</i>	Hypoglycemia <i>ai</i>
Epilepsy <i>mc</i>	Thyroid problem <i>ai</i>	Obesity <i>ai</i>
Heart problem <i>mc</i>	Emphysema <i>mc</i>	Bronchitis (chronic) <i>ai</i>
Stroke <i>mc</i>	Rheumatoid arthritis <i>mc</i>	Dys/amenorrhea <i>ai</i>
Arthritis <i>mc</i>	Anemia <i>ai</i>	Breastfeeding <i>ai</i>
Heat Stroke <i>ai</i>	OTHER: _____	

12. Circle the number indicating how often you have each of the following:

0 = **Never** 1 = **Practically Never** 2 = **Infrequently** 3 = **Sometimes** 4 = **Fairly Often** 5 = **Very Often**

**A. Abdominal pain**

0 1 2 3 4 5

**B. Feel faint or dizziness**

0 1 2 3 4 5

**C. Radiating (shooting) leg pain**

0 1 2 3 4 5

**D. Breathless with slight exertion**

0 1 2 3 4 5

**E. Unusual fatigue with normal activity**

0 1 2 3 4 5

**F. Palpitations**

0 1 2 3 4 5

13. List all medications and/or supplements you are currently taking, including Name of Medication or Supplement, Reason, Dosage, and Frequency:

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14. List any surgery or injury in the past 12 months:

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15. List any injury (recent or old) that still causes you pain or discomfort from time to time:

Arm R / L	Shoulder R / L	Knee R / L	Low Back	Neck
Ankle R / L	Elbow R / L	Wrist R / L	Other _____	

Please provide as much detail as possible about each injury, including Date of Injury, Cause of Injury, and Current/Past Rehab. Rate the pain level at rest and during exercise on a scale of 0-10 (0 = no pain, 10 = severe pain).

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16. Y / N Does injury causes pain during exercise?

17. Y / N Does the pain ever radiate down or up your arms, legs, back or neck? *mc*

**Part 3. Post Traumatic Stress Disorder**

**Please answer the following questions to the best of your ability, please be honest. Answer Y=Yes N=No.**

\_\_\_\_ 1. Have you deployed to a combat zone since the Iraq War began? If you answer NO please continue to Part 4 of this questionnaire.

\_\_\_\_ 2. Did you experience a traumatic event in which the following situations occurred:

- You witnessed, experienced, or were confronted with an event(s) that involved actual or threatened death or serious injury or a threat to the physical integrity of self or others.
- Your response involved intense fear, helplessness, or horror.

- \_\_\_\_ 3. Are you having nightmares about the experiences while you were deployed?
- \_\_\_\_ 4. Are you experiencing images while awake of the events or do you sometimes feel like you are experiencing an event?
- \_\_\_\_ 5. When you are exposed to something that reminds you of the event(s), do you have strong emotional response or try to remove yourself from that event?
- \_\_\_\_ 6. Are you uncomfortable in crowds, even if it is with your family? Do you feel you have to watch your back in crowds?
- \_\_\_\_ 7. Are there some aspects of the event you cannot remember?
- \_\_\_\_ 8. Do you feel detached or estranged from the people you were close to before you left?
- \_\_\_\_ 9. Do you find that the things you once enjoyed and had a lot of interest in, you no longer enjoy?
- \_\_\_\_ 10. Are you more comfortable with the people you served with in Iraq than your Family and Friends?
- \_\_\_\_ 11. Do you have trouble falling asleep and/or staying asleep?
- \_\_\_\_ 12. Are you irritable or have outburst of anger for no apparent reason or have trouble concentrating?
- \_\_\_\_ 13. Has your use of alcohol or other substances increased since returning from Iraq?

**Part 4. Exercise History**

1. Are you currently involved in **regular cardiovascular** exercise (i.e., running, cycling, walking)? Y / N

**Activity/Duration:**

Monday	_____ / _____ min	Friday	_____ / _____ min
Tuesday	_____ / _____ min	Saturday	_____ / _____ min
Wednesday	_____ / _____ min	Sunday	_____ / _____ min
Thursday	_____ / _____ min		

2. How long have you been exercising (cardiovascular) **regularly**?  
 \_\_\_\_\_ weeks \_\_\_\_\_ months \_\_\_\_\_ years
3. Are you currently involved in a **regular strength-training** program? Y / N

**Days/Muscle group/Average reps and sets**

Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____
Sunday	_____

4. How long have you been strength training **regularly**?  
 \_\_\_\_\_ weeks \_\_\_\_\_ months \_\_\_\_\_ years
5. Have you ever strength trained in the past? Y / N
6. Are you currently involved in a **regular flexibility** program? Y / N  
 How many days a week? \_\_\_\_\_ Duration: \_\_\_\_\_ minutes

**Part 5. Availability and Interests**

1. What days are you willing to devote to an exercise program? \_\_\_\_\_
2. What days would you like to come into the Fitness Center to work out? M T W Th F Sat Sun None
3. What days would you prefer to work out at home? M T W Th F Sat Sun None
4. What type of exercise equipment do you have at home? \_\_\_\_\_

5. Which of the following activities do you enjoy doing or would like to try? **E = enjoy** **T= try**

<b>Outdoors</b>	<b>Inside</b>	<b>Equipment</b>	
Walking _____	Walking _____	Treadmill _____	I Wave _____
Jogging _____	Jogging _____	Stepper _____	Rower _____
Running _____	Running _____	Cross Trainer _____	Rope _____
Cycling _____	Cycling _____	Elliptical _____	Spin Bike _____
Rowing _____	Swimming _____	Step Mill _____	Bike _____
Other _____	Group Exercise _____	X-Aerobic LE _____	Precor _____

6. What other activities do you like to do? \_\_\_\_\_
7. Are there any recreational activities or sports that you do on a regular basis that you would like the Personal Trainer to address?  
Activity \_\_\_\_\_  
Goals \_\_\_\_\_

8. Rank your goals in regards to starting an exercise program: How do you want exercise to benefit you? Use the following scale to rate each goal separately.

**Least** important = 1 2 3 4 5 6 7 8 9 10 = **Most** important

Improve Cardiovascular Fitness _____	Improve Flexibility _____	
Increase muscular strength _____	Increase muscle mass _____	
Decrease body weight _____	Increase body weight _____	
Improve muscular definition _____	↑ performance on PFT _____	Area(s) _____
Reduce body fat _____	↑ performance on PFA _____	Area(s) _____
Reduce body fat _____	Competition _____	
Other _____	Decrease Stress _____	

**Please answer the following questions honestly**

1. How much time per week will you have to devote to your Fitness exercise program? \_\_\_\_\_ (hrs.)  
Home program? \_\_\_\_\_ (hrs.)
2. Do you start an exercise program but then find yourself unable to stick with them? Y / N  
Why? \_\_\_\_\_
3. Have you ever had a bad experience with exercise programs? Y / N  
If yes, specify \_\_\_\_\_

**Part 6. Nutrition**

How much non-caffeinated fluid do you drink? Day: \_\_\_\_\_ Week: \_\_\_\_\_

How much caffeinated fluid do you drink? Day: \_\_\_\_\_ Week: \_\_\_\_\_

How much alcohol do you consume? Day: \_\_\_\_\_ Week: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Previous Diets/Nutrition Education:  
\_\_\_\_\_  
\_\_\_\_\_

Nutrition Goals:  
\_\_\_\_\_  
\_\_\_\_\_

Please add any additional information that you think your Personal Trainer should know:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Trainer Comments:**  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Active Duty Only

Circle one: **Marine Corps** **Navy** **Other:** \_\_\_\_\_

1. What does your unit PT schedule consist of?

	Activity	Duration	Difficulty Level (easy/moderate/hard)
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

2. Date of your last PFT / PFA: \_\_\_\_\_ Date of your next PFT / PFA: \_\_\_\_\_

PFT SCORE	PFT SCORE	
Pull-ups _____	Push-ups _____	
Chin-ups _____	Run time _____	
Flex-arm hang _____	Swim time _____	
Crunches _____	Crunches _____	
Run time _____	Sit & Reach P/F _____	Score: _____

3. Goals for your next PFT / PFA \_\_\_\_\_

4. Y / N Do you want this addressed in your program?

**Y / N Are you on light / limited duty? *Light duty chit will be required prior to initial appointment.***

Trainer comments: \_\_\_\_\_  
\_\_\_\_\_

**Y / N Are you on remedial status? Y / N Are you on the Body Comp Program (BCP)?**

1. Reason? \_\_\_\_\_

2. Name of SNCO in charge of physical training: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. What do you need to accomplish in order to return to full duty?  
\_\_\_\_\_  
\_\_\_\_\_

4. What is the remedial training schedule?

	Activity	Duration	Difficulty Level (easy/moderate/hard)
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

5. Y / N Do you have any additional required PT during the week?

Explain \_\_\_\_\_

6. Y / N Will the Semper Fit Exercise program replace the current PT?

7. Y / N Will the Semper Fit exercise program be in addition to current PT?