



Semper Fit Personal Training Health Questionnaire

ID Card Checked by: _____

Instructions:

1. Complete all information accurately and honestly.
2. If a question does not pertain to you, please indicate by writing "N/A."
3. Turn all paperwork into the personal training office so an initial appointment can be made.
4. Please ask a personal trainer if you have additional questions concerning this questionnaire or the Semper Fit Personal Training Program.
5. **If you have a medical concern, please contact a Personal Trainer to find out if a medical release will be required prior to your fitness assessment.**

PERSONAL TRAINING CONTACT INFORMATION:

AS-4000 Fitness Center (910) 449-5854
AS-203 Weight Room (910) 449-5267

Initial Appointment "The Assessment":

The initial appointment will take 30-60 minutes and involves graded exercise testing. Assessment components may include, but are not limited to weight, blood pressure, body composition, cardiovascular, muscular strength/endurance, and flexibility. Please ask a personal trainer if you have questions concerning the assessment protocol.

All information is confidential.

This health questionnaire will be held for up to a period of 12 weeks once a personal trainer has made an initial attempt to contact the patron. If the patron fails to comply with scheduled appointments and/or personal trainer contact, this document will be destroyed after that 12 week period. The patron will be required to fill out a new health questionnaire. A maximum of two health questionnaires will be allowed to be submitted within a 6 month period.

Failure to show for your first appointment with no prior contact with the personal trainer will result in this document being destroyed.

Date turned in: _____

Phone: W / H / C _____

What would be the best time to conduct the initial testing? _____

What part of the day are you available to work with a personal trainer? _____

Liability of Release and Informed Consent Document
MCAS NEW RIVER FITNESS CENTER

**Fitness Testing can be altered to suit the needs of the client and will be discussed before your session begins.*

I _____ consent to participate in the Semper Fit Personal Training Program. I understand the fitness evaluation will include the following:

Blood Pressure

Height

Weight

Estimated body composition - Tape, caliper, or bioimpedance

VO²Max- Bike Ergometer Test, 3 minute Step Test, Incline walking Treadmill Test

Muscular Endurance – 1 minute timed crunch assessment

Flexibility- Sit and reach assessment

I understand there is a possibility of certain changes occurring during the test. **These changes may include:** abnormal blood pressure, fainting, irregular heartbeat, and in rare instances: heart attack, stroke or death.

This is not a stress test; this is a sub-maximal test (60-85% of target heart rate zone) designed to create a baseline of your current fitness status. Every effort will be made to minimize risks by evaluation of your past/present health history and your response to exercise during your fitness assessment.

I consent to receive emergency medical care as deemed necessary by medical personnel. Care may be provided at a military or civilian medical facility.

I hereby release and hold harmless the United States Marine Corp, Marine Corps Community Services (MCCS), its officers and agents, and employees from any and all litigation, claims, demands, and actions for any loss, damages or injuries to myself or my property. **Anything that may occur as a result of participation in the Semper Fit Program is completely my responsibility due to my consent to participate.**

I understand I have the right to ask question, **I understand this fitness assessment is strictly voluntary. I am free to consent to or deny performing any activities during the fitness assessment or any further training I receive from the training sessions within the Semper Fit Program.**

I may ask any questions before the assessment or I may stop the assessment at any time to ask questions. *Any questions about the procedures used in the exercise test are encouraged.*

I know my health questionnaire and fitness assessment information is confidential. Confidential information will only be disclosed in the event of an emergency for medical purposes.

Client Signature _____

Date ____ / ____ / ____

(If under 18): guardian signature: _____

Date ____ / ____ / ____

Personal Trainer Signature _____

Date ____ / ____ / ____

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 the primary objective including: Active Duty Personnel, Retirees', Family Members, Reservist 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 6-8weeks.
2. A full body exercise program including cardiovascular endurance, muscular fitness, and flexibility will be prescribed for the client.
3. To design a safe and balanced exercise program specifically for the *individual* client's goals.

Client Responsibilities:

1. Client must arrive on time for appointments. **Tardiness of 15 minutes or greater results in rescheduling of appointment.**
2. Client must give advanced notification to their personal trainer when unable to attend an appointment (24 hours notification preferred).
3. Client must notify their personal trainer when experiencing any kind of difficulty or concerns regarding their exercise program.
4. Client must realize adherence to their exercise program and healthy lifestyle choices is directly related to their 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 three "No Shows" and / or "Cancellations" will result in the discharge of me as a client. At this time I am eligible to repeat the reapplication process. This means I may be placed at the end of any existing waiting list for personal training services.

Client Signature _____ Date _____

Personal Trainer Signature _____ Date _____

11. Please circle any of the following for which you are seeing a health care professional for or have been diagnosed with:

- | | | |
|-------------------------|--------------------------------|--------------------------------|
| 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 experience the following:

0 =Never 1=Practically never 2 =Infrequently 3 =Sometimes 4 =Fairy 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:

Medication/Supplement Name	Reason for Use?	Dosage	Frequency

14. Y / N Have you had any surgeries or injuries in the past year? If yes, please list below.

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

- | | | | | |
|-----------|--------------|-----------|-------------|------|
| 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 / Date of Injury / Cause of Injury / Current-Past Rehab / Please rate the pain level at rest and during exercise on a scale of 0-10.
0=No pain 10 = severe pain

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. Did 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 the event(s)?
- _____ 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(s) 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?
- _____ 13. Do you 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 (running, cycling, walking)? Y/N

Day/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

**If "YES" please indicate your regular strength-training schedule below.*

DAY	MUSCLE GROUP(S)	USUAL REPS/SETS OR TIME
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

4. Have you ever strength trained in the past? Y/N

5. How long have you been strength training **regularly**?

_____ weeks _____ months _____ years

6. Are you currently involved in a **regular** flexibility program? Y / N

_____ days per week _____ minutes _____ months/years

Part 5. Availability and Interests please provide complete and accurate information

1. What days are you willing to devote to an exercise program? _____
2. How much time do you have for each work out session?
Gym Program _____(hrs.) Home program _____(hrs.)
3. What days would you like to come into the Fitness Center to work out? M T W Th F Sat. Sun. None
4. What days would you prefer to work out at home? M T W Th F Sat. Sun. None
5. What type of exercise equipment do you have at home? _____
6. Which of the following activities do you enjoy doing or would like to try? **E = enjoy T= try**

OUTSIDE		INSIDE		EQUIPMENT			
Walking		Walking		Treadmill		Kayak	
Jogging		Jogging		Stepper		UB Cycle	
Running		Running		Rower		Lat Skier	
Cycling		Cycling		Step-mill		Life Cycle	
Rowing		Swimming		Elliptical		Arc Trainer	
		Group exercise		Cross-trainer		Versa-Climber	
Other:		Other:		X-Aerobic LE		Other:	

7. What other activities do you like to do? _____
8. Are there any recreational activities or sports that you do on a regular basis that you would like a Personal Trainer to address?
Activity _____
Goals _____
9. Rank your overall exercise goals: 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 weigh _____	Increase body weight _____
Improve muscular definition _____	↑ performance on PFT _____ Area(s)_____
Reduce body fat _____	↑ performance on PFA _____ Area(s)_____
Increase energy level _____	Competition _____
Other _____	Decrease Stress _____
10. Do you start an exercise program but then find yourself unable to stick with them? Yes No
Why? _____
11. Have you ever had a bad experience with exercise programs? Yes No
If yes, specify _____

Part 6: Nutrition

1. Would you like a personal trainer to discuss basic nutrition concepts with you? YES NO
2. How much fluid do you usually drink?

TYPE OF FLUID	DAILY CONSUMPTION (ounces)	WEEKLY CONSUMPTION (ounces)
Water		
Caffeinated beverages		
Non-caffeinated beverages		
Alcoholic beverages		
Other		
Other		

Food Allergies: _____

Previous Diets/Nutrition Education:

Nutrition Goals:

Please add any **additional information** you would like your personal trainer to know:

Additional Personal Trainer Comments:

Active Duty Only:

Circle one: Marines Navy Other: _____

1. What does your current unit PT schedule consist of (if applicable please include schedule for limited duty, light duty, and body composition program)?

Please specifically list cardiovascular and strength training components

DAY	MUSCLE GROUP(S)	USUAL REPS/SETS OR TIME	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

PFA SCORE

Pull-ups _____

Push-ups _____

Chin-ups _____

Run time _____

Flex-arm-hang _____

Swim time _____

Crunches _____

Crunches _____

Run time _____

Sit and Reach P/F

Score: _____

3. Goals for your next PFT / PFA _____

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

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

6. Y / N Are you on the Body Comp Program (BCP)?

7. Will a SNCO be communicating with your personal trainer about your personal training sessions?

Name of SNCO _____ Phone # _____

**Your personal trainer will communicate with ONLY the individual named above. Confidentiality will not be breached for any reason. Please discuss, with your personal trainer, how communication with your command will be handled.*

8. What do you need to accomplish in order to return to full duty? Please list on line provided.

9. Y / N Will the Semper Fit program replace your current PT?

Y / N Will the Semper Fit program be in addition to your current PT?

USMC NEW RIVER – INITIAL HEALTH ASSESMENT

BIKE ERGOMETER TESTING

TIME	HR	RPE	KP	ADDITIONAL COMMENTS
1:00				
2:00				
3:00				
4:00				
5:00				
6:00				
7:00				
8:00				
9:00				
10:00				
11:00				
12:00				

Cool Down:

0.30				
1:00				
1:30				
2:00				

220

- _____ (age)
 = _____ (max HR)
 - _____ (resting HR)

x 60% -- 85% (% work load)

+ _____ + _____ (resting HR)

_____ -- _____ (THR zone)

3 MINUTE STEP TEST

TIME	HR	RPE	KP	ADDITIONAL COMMENTS
1:00				
2:00				
3:00				
4:00				

Notes: _____

