Exercise performance pre-test questionaire

Silver Sage Sports Performance

*Name*_____ *DOB*_____ *Age*_____

*Address*_____

*Home phone*_____ *Work phone*_____

*E-mail*_____

*Primary healthcare provider*_____ *Insurance*_____

Medications and dose _____

_____

*Supplements*_____

_____

*Do you follow a particular diet? (please describe)*_____

*Allergies*_____ *None*

*Major Medical problems*_____

_____

*Previous surgeries*_____

_____

*When was your last physical?*_____

Has your doctor ever said you have had heart trouble? *Y* *N*

Do you frequently have pains in your chest or heart? *Y* *N*

Do you often feel faint or have spells of severe dizziness? *Y* *N*

Did your doctor ever tell you your blood pressure was high ? *Y* *N*

Have your first-degree relatives (that is, parents, sisters, brothers of children) developed heart disease or died suddenly at an early age (that is before 55 if male; before 65 if female)? *Y* *N*

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If your fasting blood glucose (sugar) 110 mg/dl or higher Y N Unknown

Have you ever had a cholesterol level checked. Y N
If yes, results Total Cholesterol_____ HDL_____ LDL_____ Triglycerides____

Have you ever had an EKG Y N
If yes, results _____

What do you consider a good weight for yourself?_____

Females: Last pap test _____ Mammogram_____ Bone density test_____

Do you have regular periods? Y N When was your last period?_____

Are you currently pregnant or breastfeeding? Y N

Family History

History of disease	Father	Mother	Sibling	Grandparents	Children
Heart Disease					
Sudden death before age 55					
Diabetes					
High Blood Pressure					
High cholesterol					
Stroke					
Thyroid disease					
Asthma					
Genetic disorder (hemophilia, marfan's syndrome)					
Obesity					
Cancer (if so, what type)					

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Social history

*What kind of work do you do*_____

*How many hours of work/week*_____

*Stress level at work 1-5 (5 highest)*_____

Single Married Divorced Widowed

How supportive is significant other of your sport 1-5 (5 very supportive) _____

Children (Names and ages)

Do you use tobacco (cigarettes/cigars/chew) Y N

Have you ever regularly used tobacco Y N

*If you quit, when did you quit*_____

Do you drink alcoholic beverages Y N

If so, what kind of alcohol Wine Beer Mixed Drinks

If yes, how many drinks/week _____

Athletic performance questions

*What is your primary sport?*_____

*What other sports do you like/participate in?*_____

*Do you belong to a gym? Y N If yes, which one?*_____

Are you training for a particular event? If so, what and when _____

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*Do you have a goal for this event? If so, what?*_____
_____

I have been training consistently for _____ *weeks/months/years*

Describe your typical week of training

*Monday*_____

*Tuesday*_____

*Wednesday*_____

*Thursday*_____

*Friday*_____

*Saturday*_____

*Sunday*_____

Cardio/endurance:
*Number of workouts/week*_____*Number of hours working out/week*_____

*Average duration of workouts*_____ *Intensity of workouts*_____

Strength:
*Number of workouts/week*_____

*Average Sets*_____

*Average Reps*_____

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Please describe any other workouts you do workouts (yoga, pilates. Etc)

_____

_____

*Do you have any concerns about your weight? If so, what*_____

_____

Do you keep a workout log? Y N

Do you use a heart rate monitor? Y N

What are your strengths in your particular sport?

What are your weaknesses in your particular sport?

Briefly describe your overall exercise goals

What do you hope to get out of this session?