

Name:

Date of Birth:

Sex:

Height:

Weight:

1. Has your doctor ever said that you have a heart condition and that you should do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness, or do you ever lose consciousness?
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
6. Do you know any other reason why you should not do physical activity?

Check off areas with injuries:							
Neck		Shoulder		Elbow		Wrist	
Lower Back		Hip Flexor		Knee		Ankle	

Rate your ability in the following exercises:	Scale of 1 - 5 (Expert)				
Bodyweight / Barbell Squat	1	2	3	4	5
Push-up	1	2	3	4	5
Dumbbell / Barbell Bench Press	1	2	3	4	5
Dumbbell / Barbell Shoulder Press	1	2	3	4	5
Pull-up	1	2	3	4	5
Bent-over Row	1	2	3	4	5
Dumbbell / Barbell Deadlift	1	2	3	4	5

Muscle	Increase Endurance, Flexibility, Muscle Mass, Strength or Tone
Pectoralis Major	
Trapezius	
Deltoid	
Bicep / Tricep	
Latissimus Dorsi	
Abdominis / Erector Spinae	
Gluteus Maximus	
Quadriceps / Hamstrings	