

PRE-ACTIVITY QUESTIONNAIRE



PLEASE COMPLETE AND GIVE TO YOUR TRAINER BEFORE YOUR FIRST SESSION

Name _____ Mobile _____
Date of Birth _____ Emergency contact _____
Male/Female _____ Emergency contact's mobile _____
Email _____

AIM: to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self administered and self evaluated.

PLEASE CIRCLE ONE

Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?

Yes

No

Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?

Yes

No

Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?

Yes

No

Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?

Yes

No

If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?

Yes

No

Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?

Yes

No

Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?

Yes

No

IF YOU ANSWERED 'YES' to any of the 7 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise

IF YOU ANSWERED 'NO' to all of the 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise

I believe that to the best of my knowledge, all of the information I have supplied within this tool is correct.

Signature _____ Date _____

OK THANKS, NOW MORE ABOUT YOU...



Name _____

YOUR FITNESS

1) On a scale of 1 - 10, how would you rate your current fitness level (1:poor - 10:great)? _____

2) Currently, how often do you exercise?

5 or more times per week 3 -4 times per week 1-2 times per/week not at all

3) How long on average are these sessions? less than 30 mins 30 - 60 mins more than 60 mins

Please describe the type of activity you are performing in: _____

4) If your activity is less frequent than you'd like it to be, what are your reasons for this?

Lack of time Motivation Lack of interest Illness or injury Bored with exercise

Other. Please describe: _____

YOUR LIFESTYLE

1) Do you smoke? If yes, how many cigarettes do you smoke a day? _____

2) How many standard drinks do you have each week? _____

3) How many hours of sleep do you sleep each night? _____

4) How would you rate your stress levels? Low Average High

5) How would you rate your food intake? Poor Average Good/great

YOUR GOALS

1) What results do you want to achieve? Of course choose more than one!

<input type="checkbox"/> Stress management	<input type="checkbox"/> Improve eating habits
<input type="checkbox"/> Lose weight	<input type="checkbox"/> Injury rehabilitation
<input type="checkbox"/> Sleep better	<input type="checkbox"/> Flexibility
<input type="checkbox"/> Body reshaping/tone up	<input type="checkbox"/> Aerobic endurance
<input type="checkbox"/> Develop exercise habit	<input type="checkbox"/> Have more energy
<input type="checkbox"/> Avoid back problems	<input type="checkbox"/> Other

If you checked 'Other', please take some time to explain: _____

2) On a scale of 1 (low) - 10 (high), how important is it to reach your goals? _____

RELEASE/WAIVER



PLEASE READ THROUGH CAREFULLY...

By signing below, I acknowledge and understand that any physical activity carries risk and that my involvement in any subsequent fitness activities is completely voluntary and undertaken at my own risk. I acknowledge that I am responsible for monitoring my own condition throughout the exercise program and that should any unusual symptom occur, I will cease my participation and inform my trainer of the symptoms. I, hereby release any and all Jungle Brothers Pty Ltd trainers from any liability for any loss or injury, which I may suffer whilst participating in any activities howsoever otherwise caused. I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in subsequent fitness activities herein, and ongoing. I understand that Jungle Brothers Pty Ltd and their employees are in no way responsible for the safekeeping of my personal belongings while I attend their sessions.

Signature _____ Date _____

Print Name _____

Thanks for taking the time to let us get to know you.

Make sure you ask us just as many questions (or perhaps even more) so you can get to know us.

See you out there Jungle Fam!

For any more info please check out our website: www.junglebrothers.com

Or Like us on facebook: www.facebook.com/thejunglebrothers.com

Or email us at: info@junglebrothers.com