



Pre Exercise Questionnaire

Name: _____

Are you presently exercising? Yes No

If yes, what are you doing? _____ How often? _____

If no, when was the last time you exercised regularly? _____ What did you do? _____

Are you currently taking any medication, prescribed or otherwise? Yes No

If yes, please provide details: _____

Please indicate if you *have or have had* any of the following conditions:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Gout | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Allergies | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Raised Cholesterol | <input type="checkbox"/> Angina | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Back/Neck Pain | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Broken bones/Fractures | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Tendon/ligament damage | <input type="checkbox"/> Surgery |

If you ticked any of the above, please provide details: _____

What results do you want to achieve?

- | | | |
|---|--|---|
| <input type="checkbox"/> Weight Loss/ Reduce Body Fat | <input type="checkbox"/> Stress Management | <input type="checkbox"/> Sports Conditioning |
| <input type="checkbox"/> Firm Up/ Increase Body Tone | <input type="checkbox"/> Improve Self Esteem | <input type="checkbox"/> Body Sculpting/Shaping |
| <input type="checkbox"/> Increase Endurance/Stamina | <input type="checkbox"/> Improve Confidence | <input type="checkbox"/> Increase Size/Strength |
| <input type="checkbox"/> Increase Energy Levels | <input type="checkbox"/> Look and Feel Good | <input type="checkbox"/> Other _____ |

Recommendation

Succeed Personal Development strongly recommends that you consult your doctor and obtain his or her medical approval before participating in any of the training or exercise programs organized or designed for you. Succeed Personal Development, it's staff, agents, independent contractors and volunteers are not qualified to provide medical advice or assessment.

Informed Consent

I, _____, hereby declare that the information I have provided on this questionnaire is true and correct. I acknowledge that I have been advised to seek medical approval before participating in any of the training or exercise programs organized or designed for me and that Succeed Personal Development, it's staff, agents, independent contractors and volunteers are not qualified to provide medical advice or assessment.

Name: _____ Signed: _____ Date: ___ / ___ / ___
