CATCH THE WAVE
WATER FITNESS

PROGRAM QUESTIONNAIRE & PERSONAL HEALTH HISTORY FORM

Name:	**Date:**

EXERCISE HABITS

How physically fit do you feel? (circle one)

1.unfit **2.**below average **3.**average **4.**above average **5.**very fit

Describe your current activity program: _____

How much time do you want to spend exercising? _____

LIFESTYLE

How would you describe your current stress level? Please circle one.

I manage stress well I manage stress relatively well I do not manage stress well

Does your job require you to travel? **Yes** **No**

If yes, how often and are you able to exercise?
_____

What type of work do you do?

_____

_____

How do you like to spend your leisure time? _____

Were you engaged in high school or college athletics? _____

Are there any specific activities that do not interest you? _____

INTERESTS in the water:

Please circle in the box for any activities, which are of interest to you.

Sports Conditioning	Shallow Water Training	Deep Water Training	Aquatic running
Strength Training	Aquatic Bands	Aquatic Running/Cycling	Martial Arts
Stretching on Land	Walking	Deep Cuffs Training	Swimming
Water Walking	Water Tai Chi & Yoga	Stretching in Water	Other:

Place a check mark beside the fitness/health topic you would like information on:

√	**TOPIC**	√	**TOPIC**
	Aging Well		Particular Medical Condition Specify:
	Aquatic Step		Pre/Post Natal
	Back Care		Relaxation
	Cross Training		Spas
	Deep Water Training		Sports Injuries
	Menopause		Sports Training
	Mind/Body		Strength Training
	Motivation		Stress Management
	Nutrition		Weight Management
	Osteoporosis		Women's Health Issues
	OTHER:		

PROGRAM QUESTIONNAIRE

List three short-term GOALS that you would like to achieve with your fitness program

1.

2.

3.

List three long-term GOALS that you would like to achieve with your fitness program

1.

2.

3.

What are some OBSTACLES that may get in the way for your program or training success?

How may we overcome those obstacles that get in the way (strategy of change)?

How many days per week are you able to exercise? And for what period of time each day?

PERSONAL HEALTH HISTORY		
PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR Q FORM)		
YES	NO	QUESTION
		Has your doctor ever said you have heart trouble?
		Do you frequently have pains in your heart and chest?
		Do you have pains in your heart and chest while doing physical activity?
		Do you often feel faint or have spells of severe dizziness?
		Has a doctor ever told you that you have a bone or joint problems, such as arthritis, that might be made worse with exercise?
		Is there a good physical reason not mentioned here why you should not follow an activity program even if you want to?
YES	NO	Are you unaccustomed to vigorous exercise?
PERSONAL HISTORY		
YES	NO	QUESTION & DESCRIPTION
		Has your doctor ever restricted your physical activity? If yes, describe:
		Do you have any chronic or serious illness? If yes, describe:
		Are you presently taking any medication? Please list type and purpose:
		Do you have any allergies (including medications)? Please list:
		Have you been pregnant in the past year?

CARDIOVASCULAR RISK	YOU	MOTHER	FATHER	SIBLINGS
High Blood Pressure				
High Cholesterol				
Diabetes				
Heart Disease				
By Pass Surgery				
Smoke				

YES	NO	QUESTION & DESCRIPTION
		If you smoke How many packs per day:
		Have you previously smoked? If yes, when:
		Do you consider your diet to be well balanced?
		Are you currently on a specific diet? If yes, please describe:
		What is your current weight? _____ 1 year ago _____ 5 years ago _____ At 20 years of age _____

INJURY HISTORY

INJURY	Year of Occurrence	INJURY SPECIFICS
Broken Bones		
Muscle Strains/Sprains		
Ligament, tendon or cartilage injury		
Joint injury or Chronic pain		
Back Injury		
Neck Injury		
Other		

Are you currently being treated for any of the above injuries? If so, please describe:

_____

_____