

Adelaide Hills (War Memorial) Swimming Centre Incorporated, WOODSIDE

PHONE: 0413 593 316 activefitness.woodside@hotmail.com www.adelaidehillsswimmingcentre.com.au**PRE – EXERCISE QUESTIONNAIRE**PERSONAL DETAILS

Name: _____ Occupation: _____

Address: _____ Age: _____ D.O.B: _____ M / F
_____ P/C _____

Phone (H): _____ Doctors Phone: _____

(W): _____ Emergency Contact: _____

(M): _____ Emergency Phone: _____

Email: _____

1) LIST All medications you are regularly taking and reasons for taking them:

2) Do you have/had or been told by a doctor that you are at risk of:

High Blood Pressure	Y / N	High cholesterol	Y / N
Cardiovascular Disease	Y / N	Lung Disorder	Y / N

3) Do you have diabetes? Y / N

If yes, what type of diabetes Type 1 / Type 2 How long have you had diabetes? _____

4) Have you ever had pain or pressure, either at rest or during exercise:

In the middle of, or the left side of the chest Y / N

In the neck or jaw region Y / N

In the left shoulder or down the left arm Y / N

5) Have you in the past 12 months, had an attack of shortness of breath that came on when you were not doing anything strenuous? Y / N

6) Do you experience swelling or accumulation of fluid around the ankles? Y / N

7) Do you regularly get pain in the calves and lower limbs during exercise not due to soreness or stiffness? Y / N

8) Do you have a close relative who has had a stroke, heart attack or other cardiovascular disease? Y/N

If yes, what relation is the person _____ At what age did s/he suffer this disease _____

Did your relative die suddenly as a result of the disease? Y / N

9) Have you ever smoked cigarettes? Y / N

If yes, do you currently smoke? Y / N If yes, but stopped less than 5 yrs ago? Y / N

If yes, but stopped more than 5 yrs ago? Y / N

- 10) Have you ever experienced a brain or spinal injury that has required medical attention? Y / N
Explain: _____
- 11) Have you ever suffered any nervous system injury, such as lesion or damage to a nerve, numbness or pins and needles? Y / N Explain: _____
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- 12) Have you experienced any unusual muscular or joint pain in the past 12 months? Y / N
Explain: _____
- 13) Have you sustained a fracture or undergone joint replacement surgery which causes you on-going problem? Y / N Explain: _____
- 14) Do you or your immediate family suffer from any chronic musculoskeletal problems such as osteoporosis and osteoarthritis? Y / N Who/where: _____
- 15) Do you have any condition that may require special consideration when exercising or that would prevent you from exercising? (eg cancer, liver/kidney/thyroid disease, HIV / AIDS, Parkinson's Disease, Multiple Sclerosis, Chronic Fatigue Syndrome etc). Y / N
Explain: _____
- 16) Do you experience or have you ever experienced:
- | | | |
|-------------------|--------------------|---------------|
| Epilepsy Y / N | Fainting Y / N | Seizure Y / N |
| Convulsions Y / N | Dizzy Spells Y / N | |
- 17) Have you undergone any surgery in the past 12 months? Y / N
Explain: _____

<u>Intensity</u>	<u>Frequency</u>	<u>Duration</u>	<u>History</u>
18) Current Activity Patterns (please circle one in each column)			<3 months
Nil	<2 times/week	<20 mins	3-6 months
Moderate (walking)	2-3 times/week	20-40 mins	6-12 months
High (jogging)	3-4 times/week	40-60 mins	>12 months
Vigorous (running)	>4 times/week	>60 mins	

****For the Ladies:**

19) Are you, or do you believe you could be pregnant? Y / N

20) Did you experience menopause before the age of 45 yrs? Y / N

I have read, understood and answered this questionnaire honestly. I will notify the Instructor if my health status changes or medical condition changes in relation to the above questions. If at any stage I experience chest, leg/arm pain, shortness of breath or dizziness while exercising I will immediately notify the Instructor in charge.

NAME: _____

SIGNED: _____ DATE: _____

Please Note: By signing this declaration, I acknowledge that I do not hold the ACTIVE Fitness & Lifestyle Group or the Adelaide Hills (WM) Swimming Centre Inc. liable for any accident, injury or illness that may occur during participation during any session.

