

MFC Orientation Questionnaire

Name: _____

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? Yes/No

Do you frequently have pains in your chest when you perform physical activity? Yes/No

Have you had chest pain when you were not doing physical activity? Yes/No

Do you lose your balance due to dizziness or do you ever lose consciousness? Yes/No

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? Yes/No

Are you pregnant now or have you given birth within the last 6 months? Yes/No

Have you had a recent surgery? Yes/No

If you have marked YES to any of the above, please elaborate below:

Do you have any chronic illness or physical limitations such as Asthma, diabetes? Yes/No

Do you have any injuries or orthopedic problems such as bursitis, bad knees, back, shoulder, wrist or neck? Issues? Yes/No Please specify _____

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No

What is the medication for? _____

How does this medication affect your ability to exercise or achieve your fitness goals?

_____ N/A _____

1) Do you smoke? Yes/No If yes, how many? _____

3) Describe your job: Sedentary Active Physically Demanding

*Signature: _____ Date: _____ Year _____

MFC Orientation Information Session:

Name: _____

Date: _____

Rate current health status		<u>Participation Reasons:</u>	<u>Participation Excuses:</u>	<u>Physical Activity Self-Efficacy</u>
How do you feel about your current weight?		In the past year, how often did you use the following reasons for your participation in exercise, or physical activity? (Place numerical value alongside each reason)	In the past year, how often did you use the following reasons/barriers/excuses for NOT participating in exercise, or physical activity? (Place numerical value alongside each reason)	How confident are you that you will exercise under the following conditions? (Place numerical value alongside each reason)
Alcohol frequency – per week		Please answer using the following 4-point scale: 1= never,	Use the following scale: 1= never, 2= rarely/seldom,	Use the following scale: 1= very confident, 2=confident,
Caffeine Frequency – per day		2= rarely/seldom,	3= sometimes,	3= somewhat confident,
Meal Frequency – per day		4= frequently/often	4= frequently/often	4= not confident
# hours of sleep per night		___ Social affiliation	___ Lack of Time	___ On vacation
List medications		___ Health and fitness	___ Lack of Energy	___ Inclement weather
Aerobic Activity: Type		___ Thrill, danger, excitement	___ Lack of Motivation	___ Work/school deadlines
Aerobic Activity: Frequency		___ Beauty, grace, artistry	___ Excessive Cost	___ W/O a training partner
Aerobic Activity: Duration		___ Stress release	___ Illness/Injury	___ Too tired/run down
Aerobic Activity: Intensity		___ Self-esteem/psyche benefits	___ Lack of Facilities Nearby	___ When hungry
Resistance activity: Type		___ Personal challenge	___ Feeling Uncomfortable	___ Resistance from others
Resistance activity: Frequency		___ Enjoyment	___ Lack of Skill/Knowledge	___ Inconvenient to exercise
Resistance activity: Duration		___ Weight/ appearance	___ Fear of Injury	___ Family obligations
Resistance activity: Reps/sets		___ Competition	___ Lack of Safe Environment	Other: _____
Flexibility: Type		Other: _____	___ Lack of Child Care	
Flexibility: Frequency			___ Lack of a Partner	
Flexibility: Duration			___ Insufficient Programs	
Recreational Activities			___ Lack of Support	
			___ Lack of Transportation	
			Other: _____	

<u>Short-Term Goal: now-3three months</u>	<u>Intermediate Goal: 3-6 months</u>	<u>Long-Term Goal: 6+months</u>