

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, 2= rarely/seldom, 3= sometimes, 4= frequently/often ___ Social affiliation ___ Health and fitness ___ Thrill, danger, excitement ___ Beauty, grace, artistry ___ Stress release ___ Self-esteem/psyche benefits ___ Personal challenge ___ Enjoyment ___ Weight/ appearance ___ Competition Other: _____	Use the following scale: 1= never, 2= rarely/seldom, 3= sometimes, 4= frequently/often ___ Lack of Time ___ Lack of Energy ___ Lack of Motivation ___ Excessive Cost ___ Illness/Injury ___ Lack of Facilities Nearby ___ Feeling Uncomfortable ___ Lack of Skill/Knowledge ___ Fear of Injury ___ Lack of Safe Environment ___ Lack of Child Care ___ Lack of a Partner ___ Insufficient Programs ___ Lack of Support ___ Lack of Transportation Other: _____	Use the following scale: 1= very confident, 2=confident, 3= somewhat confident, 4= not confident
Caffeine Frequency – per day				_____ On vacation
Meal Frequency – per day				_____ Inclement weather
# hours of sleep per night				_____ Work/school deadlines
List medications				_____ W/O a training partner
Aerobic Activity: Type				_____ Too tired/run down
Aerobic Activity: Frequency				_____ When hungry
Aerobic Activity: Duration				_____ Resistance from others
Aerobic Activity: Intensity				_____ Inconvenient to exercise
Resistance activity: Type				_____ Family obligations
Resistance activity: Frequency		Other: _____		
Resistance activity: Duration				
Resistance activity: Reps/sets				
Flexibility: Type				
Flexibility: Frequency				
Flexibility: Duration				
Recreational Activities				

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