Health and Fitness Assessment Questionnaire

SECTION 1. DEMOGRAPHICS

1.1 Details: Please print in capital letters using black ink and tick the relevant box(es).

First name ☐ Age ☐ Gender M - F **M**ale - **F**emale

Surname ☐

ID Number ☐ Title ☐ Birth Date DD / MM / YYYY

Medical Aid ☐ Medical aid membership number ☐

Work number ( ) - - Home number ( ) - -

Cell phone number ( ) - - Fax number ( ) - -

Email @

SECTION 2. MEDICAL HISTORY

2.1 Family History: Do you have a family history (parents or siblings) of any of the following medical conditions?

Condition			Condition		
Heart Disease	☐ Yes	☐ Before or at the age of 50	High Cholesterol	☐ Yes	☐ Before or at the age of 50
Insulin Dependant Diabetes	☐ Yes	☐ Before or at the age of 50	High Blood Pressure	☐ Yes	☐ Before or at the age of 50
Non Insulin Dependant Diabetes	☐ Yes	☐ Before or at the age of 50	Stroke	☐ Yes	☐ Before or at the age of 50
Peripheral Vascular Disease	☐ Yes	☐ Before or at the age of 50	Cancer	☐ Yes	☐ Before or at the age of 50

Type:

2.2. Personal Medical History: Have you suffered, or do you suffer from any of these medical conditions?

High Cholesterol	☐ Yes	Heart Disease	☐ Yes	Exercise Induced Asthma	☐ Yes
Insulin Dependant Diabetes	☐ Yes	Non Insulin Dependant Diabetes	☐ Yes	Asthma	☐ Yes
High Blood Pressure	☐ Yes	Peripheral Vascular Disease	☐ Yes	Stroke	☐ Yes
Cancer	☐ Yes	Type:			

Diagnosed by?	☐ cardiologist	☐ specialist physician	☐ medical practitioner	☐ blood test
Diagnosed when?	☐ in the past year	☐ 1 - 5 years ago	☐ > 5 years ago	
Specific Intervention?	☐ healthy dietary habits	☐ medication	☐ regular activity	

2.3. Medication

Are you currently on medication for heart disease, peripheral vascular disease, cholesterol and/or blood pressure? ☐ Yes ☐ No

If yes, please write your **medical condition, name of medication** and **dosages,** below:

Condition: eg. Cholesterol	Medication: eg. Lipitor	Dosage: eg.10mg 1 / day

2.4. Preclusions

Present Symptoms: Do you suffer from any of these medical conditions?

Chest pains while exercising	☐ Yes	☐ No	Frequent fainting and/or dizzy spells	☐ Yes	☐ No
Any flu-like symptoms (fever and/or muscle pains)	☐ Yes	☐ No	Palpitations	☐ Yes	☐ No
Frequent wheezing /coughing	☐ Yes	☐ No	Shortness of breath at rest or with activity	☐ Yes	☐ No
Ankle edema	☐ Yes	☐ No	Intermittent claudication	☐ Yes	☐ No
Known heart murmur	☐ Yes	☐ No	Unusual fatigue with usual activities	☐ Yes	☐ No

Physical Injury: Do you currently suffer from any physical ailment that would preclude you from performing this assessment?

Neuromuscular Disease	☐ Yes	☐ No	Ligament	☐ Yes	☐ No
Bone	☐ Yes	☐ No	Muscle	☐ Yes	☐ No
Joint	☐ Yes	☐ No	Other	☐ Yes	☐ No

Assessor's comment (based on ACSM's risk factors for exercise testing)
In your professional opinion, is the member fit to continue with this assessment? ☐ Yes ☐ No

COMMENT:

2.5. Pregnancy

Are you currently pregnant? ☐ Yes ☐ No

If yes, how many months pregnant are you? (e.g. 5) ☐ months

Do you have clearance from your gynaecologist to perform this assessment? ☐ Yes ☐ No

SECTION 3. HEALTH HABITS

3.1.Smoking Status: Please tick the appropriate box relating to your smoking

Never smoked ☐

How long have you been an ex-smoker? ☐ less than 3 months ☐ 1 - 5 years ☐ 11 - 15 years ☐ less than 1 year ☐ 6 - 10 years ☐ more than 15 years

Current smoker ☐

☐ < 10 per day ☐ 10 - 20 per day ☐ 21 - 30 per day ☐ > 30 per day

☐ Cigar ☐ Pipe ☐ Cigarettes ☐ Chewing Tobacco

For Smokers only: Please tick only one of the options that best describe your current smoking situation

☐ I have no intention of becoming tobacco free in the next 6 months.

☐ I intend to become tobacco free in the next 6 months.

☐ I am trying to become tobacco free, but I am not always successful.

☐ Although I am currently using tobacco again, in the past I have been tobacco free for more than 3 months.

Non Smoking

I confirm that I am a non-smoker and that:

1. **I do not smoke and have not smoked any tobacco products, regularly or occasionally, within the last 3 months.**
2. **I agree to inform my insurers within 3 months of commencing smoking. I also agree to the reversal of any points that may have been awarded for being a non-smoker, if they are awarded within the same calendar year in which I commenced smoking.**
3. **I agree to undergo an u-cotine test to prove my non-smoker status should my insurer request one. I understand that such requests are made randomly.**

Please sign here to accept this declaration.

3.2. Alcohol Use: Please make the appropriate selection relating to your weekly alcohol consumption.

☐ I don't have any alcoholic drinks

☐ Never more than 1 - 2 drinks per occasion or per day.

☐ 3 - 4 drinks in a day, only 2 - 3 per month.

☐ 3 - 4 drinks in a day, 4 times per month

☐ 3 or more drinks in a day, more than once a week and / or more than 4 drinks at a time.

3.3. Sleep: Please make the appropriate selection relating to your sleeping pattern.

☐ Undisturbed sleep ☐ Disturbed sleeping pattern, 3-4 nights per week

☐ Disturbed sleeping pattern, 1-2 nights per week ☐ Disturbed sleeping pattern, 5-7 nights per week

In general, I wake up:

☐ Refreshed ☐ Unrefreshed

3.4 Stress Management:

Are you coping with your daily stress?

☐ No, and I have no intention to implement coping strategies in the next 6 months.

☐ No, but I intend to learn how to cope with my daily stress in the next 6 months.

☐ I am trying to cope but I do not always cope successfully.

☐ Yes, I have been coping with my daily stress, but for LESS than 6 months.

☐ Yes, I have been coping with my daily stress for MORE than 6 months.

☐ Although I am not coping well with my daily stress, in the past I have coped well for more than 3 months.

3.5 Dietary Assessment

Think about your eating habits over the past year or so. Approximately how often do you eat each of the following foods? Tick one box for each food.

Meat/Snack	**Never/Once or less than once per month**	**2-3 times per month**	**1-2 times per week**	**3-4 times per week**	**5+times per week**
Hamburgers or cheeseburgers	☐	☐	☐	☐	☐
Red meat, e.g. beef and mutton	☐	☐	☐	☐	☐
Fried chicken (with skin)	☐	☐	☐	☐	☐
Hot dogs, frankfurters, salami, Russians, sausages	☐	☐	☐	☐	☐
Cold meats, e.g. polony, cheese / olive loaf, beef (+ fat), etc.	☐	☐	☐	☐	☐
Salad dressing, mayonnaise	☐	☐	☐	☐	☐
Margarine or butter	☐	☐	☐	☐	☐
Eggs	☐	☐	☐	☐	☐
Bacon or pork sausage	☐	☐	☐	☐	☐
Cheese or cheese spread	☐	☐	☐	☐	☐
Full-cream milk	☐	☐	☐	☐	☐
Potato chips ("slap chips")	☐	☐	☐	☐	☐
Potato crisps, corn chips, popcorn, etc	☐	☐	☐	☐	☐
Ice cream	☐	☐	☐	☐	☐
Doughnuts, cake, cookies, puddings, etc	☐	☐	☐	☐	☐

Fruit/Vegetables/Fibre	Never/Less than once per week	about once per week	2-3 times per week	4-6 times per week	Every day
Brown rice / wholewheat pasta	☐	☐	☐	☐	☐
Fruit (not counting juice)	☐	☐	☐	☐	☐
Green salad	☐	☐	☐	☐	☐
Potatoes with skin	☐	☐	☐	☐	☐
Dried beans,e.g baked beans, Kidney beans, legumes	☐	☐	☐	☐	☐
Other vegetables	☐	☐	☐	☐	☐
High-fibre/bran cereal or high-fibre porridge or oat porridge	☐	☐	☐	☐	☐
Wholewheat, brown or high-fibre bread (e.g. rye)	☐	☐	☐	☐	☐

Do you currently feel that you are following a healthy diet?

☐ No, and I have no intention of following a healthy diet in the next 6 months.
☐ No, but I intend to follow a healthy diet in the next 6 months.
☐ I am trying to follow a healthy diet, but I am not always successful.
☐ Yes, I have been following a healthy diet, but for LESS than 6 months.
☐ Yes, I have been following a healthy diet for MORE than 6 months.
☐ Although I am currently following a less healthy diet, in the past I have followed a healthy diet for more than 3 months.

SECTION 4. PHYSICAL ACTIVITY ASSESSMENT

4.1. Current Physical Activity Levels: Please tick the most appropriate description of your current level of physical fitness.

☐ Poor ☐ Fair ☐ Acceptable ☐ Good ☐ Excellent

4.2. Work and/or daily activities: Please tick the box that best describes your activities in the working day {e.g. office and home based} - not your leisure time physical activity.

☐ I sit down and do not walk about much.
☐ I walk about a lot, but do not carry heavy loads.
☐ I mostly walk and also lift heavy loads or climb stairs.
☐ I do heavy manual work and physically strain myself.

4.3. Physical Activity Status: A typical exercise session consists of 20-30 minutes of exercise.

Over the past three months I would describe myself as having been:

☐ Inactive (please go straight to 4.4)
☐ Occasionally active - "at least 1-4 sessions per month"
☐ Somewhat active - "at least 1-2 sessions per week"
☐ Reasonably active - "at least 2-3 sessions per week"
☐ Active - "at least 3-4 sessions per week"
☐ Very active - "more than 4 sessions per week"

Over the past three months, the duration of my exercise sessions and/or recreational activity has ranged between a **minimum** of, and a **maximum** of:

(Minimum) Column A	(Maximum) Column B	On average, my total exercise time for the week is:	On average, I would describe the intensity of these sessions as:
☐ 0-15 minutes	☐ 0-15 minutes	☐ <60 minutes per week	☐ Very light (seated activity)
☐ 15-30 minutes	☐ 15-30 minutes	☐ 60-90 minutes per week	☐ Light (eg: housework)
☐ 30-60 minutes	☐ 30-60 minutes	☐ 90-120 minutes per week	☐ Light sweat
☐ 1-2 hours	☐ 1-2 hours	☐ 2-3 hours per week	☐ Sweating
☐ >2 hours	☐ >2 hours	☐ 3-4 hours per week	☐ Vigorous
		☐ >4 hours per week	

4.4. Please tick only one of the six options that best describe your current situation or what you intend to do regarding physical activity in the future.

Are you moderately physically active?

☐ No, and I have no intention of becoming moderately physically active in the next 6 months.
☐ No, but I intend to become moderately physically active in the next 6 months.
☐ I am trying to become moderately active, but my exercise routine is irregular.
☐ Yes, I have been moderately physically active, but for LESS than 6 months.
☐ Yes, I have been moderately physically active for MORE than 6 months.
☐ Although I am currently inactive, in the past I have been physically active for more than 3 months.

SECTION 5. EXERCISE PROGRAMME AND MEAL PLAN

5.1. Please select ONE 12 week exercise programme

A. Lose Weight

☐ *General Cardio + toning ☐ Lose Weight & walk 5-10km ☐ Lose weight & walk 10-15km ☐ Lose weight & run 5-10km
☐ Lose weight & run 21 km ☐ Lose weight & cycle 40-60km ☐ Lose weight & cycle 80-120km

B. Gain Weight (muscle) ☐

C. *Stay Healthy ☐

D. *Look after health condition ☐

E. *Become generally fitter ☐

F. *Get bootcamp fit ☐

G. *Get my body back in shape ☐

*** Would you prefer to exercise in a gym or home environment?**

☐ Gym ☐ Home

Note: the sports specific plans are outdoor-specific

H. Improve my fitness for walking:

☐ 5km ☐ 10km ☐ 15km ☐ 21km

I. Improve my fitness for running:

☐ 5km ☐ 10km ☐ 21km ☐ 42km

J. Improve my fitness for cycling:

☐ 40km ☐ 60km ☐ 80km ☐ 100km ☐ 120km ☐ 200km

K. Improve my fitness for swimming:

☐ 600m ☐ 1000m ☐ 1600m

L. Improve my fitness for triathlon:

☐ Sprint triathlon ☐ Standard triathlon

5.1. Please select the level of your exercise programme

- ☐ Beginner (I am inactive / occasionally active)
- ☐ Intermediate (I do 1-3 exercise sessions per week)
- ☐ Advanced (I do more than 3 exercise sessions per week)

5.2. Do you have any of the following meal preferences? Select one.

- ☐ Strict Vegetarian (Vegan) or
- ☐ Vegetarian + milk, eggs, cheese or
- ☐ Vegetarian + milk, eggs, cheese + fish
- ☐ Halaal
- ☐ Kosher
- ☐ African
- ☐ Indian
- ☐ Standard Meal Plan

Terms and conditions

I confirm that all details provided by me to Virgin Life Care (Pty) Limited ("Virgin Life Care") are true, accurate and complete. I acknowledge that the information which I supply to Virgin Life Care will be relied upon by the biokineticist conducting this fitness assessment ("the biokineticist"), and Virgin Life Care in connection with the fitness assessment and for research, statistical and related purposes. I hereby authorise Virgin Life Care to use my personal data for research, statistical and related purposes once it has been depersonalised.

I understand that I will receive a personalised report and that my health insurer, life insurer, medical insurer, medical aid scheme, health care management company and/or any loyalty/reward programme associated with any of the aforegoing ("the corporate") may also receive a report. Virgin Life Care will not wilfully disclose personally identifiable information to any party other than the corporate, and only if there is an agreement between Virgin Life Care and the corporate allowing this. You hereby authorise Virgin Life Care to: a) make your personal data available in terms of this clause; b) collect collate and process your personal data; c) use your personal data for statistical, research and related purposes; and d) provide third parties with your data, once it has been depersonalised so that it is not linked to you, for statistical, research and related purposes.

I acknowledge that I shall have no claim against the biokineticist, Virgin Life Care, its directors, employees, subcontractors, agents, representatives, consultants, licencees and/or licensors ("Virgin Life Care associates") for any loss, damages, harm, injury, death and/or expense which may be suffered by me or by any third party from any cause whatsoever, however arising, in connection with my fitness assessment, including any claim for disclosure of my personal information. Damages shall include direct, indirect, general, special, incidental, punitive and consequential.

I also acknowledge and accept that Virgin Life Care and the Virgin Life Care associates have made no representation to me in regard to any of its competencies or in regard to the safety and/or qulaity of any of the equipment and/or software supplied or used in connection with my fitness assessment.

I indemnify Virgin Life Care and/or the Virgin Life Care associates and hold them harmless against any claims which may arise from any loss, death, harm, expense, liability, damages and/or injury to person or property which may be suffered by me, my spouse, dependant (s) and/or any other third party whatsoever as a consequence of any act or omission of Virgin Life Care and/or the Virgin Life Care associates, whether negligent or not, arising out of my fitness assessment, or from any other cause whatsoever, however arising. If Virgin Life Care and/or the Virgin Life Care assosciates are found liable, such liability will never exceed the amount which has been paid for my fitness assessment.

These provisions are binding on my estate, heirs, executors, administrators, parents and/or guardians.

Client Signature ____________ DATE D D - M M - Y Y Y Y

Section 6: HEALTH MEASUREMENTS

HEALTH MEASUREMENTS (OFFICE USE ONLY)

BLOOD PRESSURE
Systolic ☐☐☐ **mmHg** **Diastolic** ☐☐☐ **mmHg**

BODY COMPOSITION
Weight ☐☐☐ **kg** **Height** ☐☐☐ **cm** **Waist** ☐☐☐ **cm**

SKINFOLDS
Biceps ☐☐ **mm** **Triceps** ☐☐ **mm** **Subscapular** ☐☐ **mm** **Suprailiac** ☐☐ **mm**
Futrex Body Fat % ☐☐

AEROBIC TEST
Step Test ☐ **25 cm**

Bike Test ☐

	stage 1	**stage 2**	**stage 3**	**stage 4**
Work (watts)	☐☐☐	☐☐☐	☐☐☐	☐☐☐
Heart rate (bpm)	☐☐☐	☐☐☐	☐☐☐	☐☐☐

1 min recovery heart rate: ☐☐☐ Duration of test: ☐☐

6MWT ☐ Distance (m) ☐☐☐☐ Max HR (bpm) ☐☐☐ Max BP (mmHg) ☐☐☐ / ☐☐☐

1 min recovery HR (bpm) ☐☐☐ 1 min recovery BP (mmHg) ☐☐☐ / ☐☐☐ Duration of test ☐☐☐

MUSCLE ENDURANCE
Push-ups ☐☐☐ **Crunches** ☐☐☐

FLEXIBILITY
Sit & Reach ☐☐ **cm** **Straight Leg Raise : Right** ☐☐☐ **degrees** **Left** ☐☐☐ **degrees**

*CHOLESTEROL (if known) *GLUCOSE (if known)
Total Cholesterol ☐☐☐ **mmol/L** **Total Glucose** ☐☐☐ **mmol/L**

*Vitality points are not allocated.

Assessor's Signature ____________ D D - M M - Y Y Y Y

Practice Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐