▪Appendices

Appendix A: Sample Client Health Assessment Form

CLIENT HEALTH ASSESSMENT FORM

DATE:	AFLCA CPFT NAME
Client Name:	*Client Age:*
Gender Orientation:	*PAR-Q+ completed? YES ___ NO ____*
Height: cm	*Physician's clearance: YES:___ NO___ N/A ___*
Weight:	*Resting Pulse rate*
BMI =	*NIH WC =*
BMI Category:	*WC meets NIGH cut-points YES___ NO__ __*
BMI category outcome discussed with client Yes ____ NO ___	*BMI -NIH WC Health Risk outcome discussed with client;* *Yes ____ No ___*
Estimated $V0_2$ Max ___ ● kg^{-1} ● min^{-1}	*Estimated MET equivalent* =*
Aerobic Fitness Health Benefit Zone* outcome discussed with client: ___YES ___NO	*Target heart rate** =*
Exercise exertion monitoring options discussed with client: ___YES ___NO	*Target HR ** @ 60% =*
Heart rate monitoring options discussed with client: ___ YES ___NO	*Target HR ** @ 80% =*

* Non-exercise model
**Karvonen method

A confidential copy of this form should be maintained in a client's file as applicable under legal guidelines. Any biological, or health status change requires completion of a subsequent client health assessment profile. The client health assessment profile is an effective tool for AFLCA certified personal fitness trainers, a blank copy can be found in the CPFT Tool kit.

▪Appendices

Appendix B - Health Status Quesionnaire

Action codes:

B = Emergency information - must be readily available

MC = Medical clearance needed - do not allow exercise without physician's permission.

SEP = Special emergency procedures needed - do not let participant exercise alone, make sure the person's exercise partner knows what to do in case of an emergency.

RF = Risk Factor of CHD (educational materials and workshops needed).

SLA = Special or limited activites may be needed - you may need to include or exclude specific exercises.

Other (not marked) = Personal information that may be helpful for files or research.

Section one: General information

1. Date _____

2. Name (First name)_____

3. Mailing Address _____ Phone (h): _____

_____ Phone (w): _____

4. EI Personal Physician _____ Phone: _____

Physician Address _____ Email: _____

5. EI Emergency Contact Name _____ Phone _____

6. Gender (circle) RF Male Female Other

7. RF Date of birth: _____

8. Height: _____ Weight: _____

9. Number of hours worked per week: 0-20 20-40 41-50 50+

10. SLA More than 25% or more of your time at work is spent (circle all that apply):

sitting at desk lifting loads standing walking driving

Section two: Current medical information

11. Date of last medical physical exam: _____

12. Circle all medicine taken or prescribed within the last 6 months:

Blood thinner MC	Epliepsy medications SEP	Nitroglycerin MC
Diabetic MC	Heart rhythm medication MC	Other:_____
Digitalis MC	High blood pressure medication MC	
Diuretic MC	Insulin MC	

13: Please list any orthopedic conditions. Include any injuries in the last six months.

_____

14. Any of these health symptoms that occur frequently (two or more times/month) require medical attention.

▪Appendices

Please check any that apply.

a. ___cough up blood MC

b.___ Abdominal pain MC

c. ___Low back pain MC

d. ___leg pain MC

e. ___Arm or shoulder pain MC

f.-__ Chest pain MC

g.___ Swollen joints MC

h. ___Feel faint MC

i. ___Dizziness MC

j. ___Breathlessness with slight exertion MC

k. ___Palpitation or fast heart beat MC

l. ___Unusual fatigue with normal activity MC

Section III: Medical History

15. Please circle any of the following for which you have been diagnosed or treatedby a physician or health professional:

Alcoholism SEP	Diabetes SEP	Kidney problem MC
Anemia, sickle cell SEP	Emphysema SEP	Mental Ilness SEP
Anemia, other SEP	Epilepsy SEP	Neck Strain SLA
Asthma SEP	Eye problems SLA	Obesity RF
Back strain SEP	Gout SLA	Phlebitus MC
Bleeding trait SEP	Hearing loss SLA	Rheumatoid arthritis SLA
Bronchitis, chronic SEP	Heart problems MC	Stress RF
Stroke MC	Cancer SEP	High blood pressure SLA
Thyroid problem SEP	Cirrhosis MC	HIV SEP
Ulcer SEP	Concussion MC	Hypoglycemia SEP
Congenital defect SEP	Hyperlipoderma	Other:_____

16. Circle any operations that you have had:

Back SLA	heart MC	kidneys SLA	Eyes SLA	joints SLA	Neck SLA
Ears SLA	Hernia SLA	Lungs SLA	Other:_____		

17. RF Circle any of the following who died of heart attack before age 55:

Father Brother Son

18. RF Circle any of the following who died of heart attack before age 65:

Mother Sister Daughter

Section 4: Health related behaviours

19. RF Do you currently smoke? Yes No

20. RF If you are a smoker, indicate the number smoked per day:

Cigarettes: 40 or more 20-39 10-19 1-9

Cigars or Pipes only: 5 or more, or any inhaled less than 5

21. Have you ever smoked? Yes No

22. RF Do you exercise regularly? Yes No

a. If you were previously active but are not currently, how often were you physically active? _____

b. How long has it been since you were physically active on a regular basis? _____

23. Last physical fitness test: _____

24. How many days a week do you accumulate 30 minutes of moderate activity?

0 1 2 3 4 5 6 7

25. How many days a week to you normally spend at least 20 minutes of vigourous activity?

0 1 2 3 4 5 6 7

26. What activities do you engage in at least once a week? Specific exercises?

27. What activities do/did you like the most? The least?

28. Current weight: _____ One year ago:_____ Age 21:_____

SECTION 5: HEALTH-RELATED ATTITUDES

29. These are traits that have been associated with coronary-prone behaviour. Circle the number that corresponds to how you feel toward the following statement.

I am an impatient, time-conscious, hard-driving individual.

6. = Strongly agree 3 = Slightly agree

5 = Moderately agree 2 = Moderately disagree

4 = Slightly agree 1 = Strongly disagree

30. How often do you experience "negative" stress from each of the following?

	RF Always	RF Usually	RF Frequently	Rarely	Never
Work:	_____	_____	_____	_____	_____
Home or family:	_____	_____	_____	_____	_____
Financial pressure:	_____	_____	_____	_____	_____
Social pressure:	_____	_____	_____	_____	_____
Personal health:	_____	_____	_____	_____	_____

31. List everything not included in this questionnaire that may cause you problems on a fitness test or fitness program.

_____

_____

_____

_____

_____

_____

_____

_____