

UNIVERSITY OF MINNESOTA

Twin Cities Campus

*Department of Recreational Sports
Office for Student Affairs*

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Thank you for your interest in personal training services with the University of Minnesota Department of Recreational Sports. Our staff is committed to creating a motivating environment in which you can not only reach your personal health and fitness goals, but where your personal trainer or instructor will provide you with the best education and tools necessary to make exercise a lifelong habit. Our diverse programs and service options meet the needs and schedules of all types of clients, regardless of experience or skill level.

The Fitness program also offers free educational sessions and workshops throughout the year, so please visit the link below to view upcoming events taking place at Recreational Sports:

<http://www.recports.umn.edu/fitness/index.html>

Attached to this letter you will find a Health History Questionnaire (HHQ), the first step in selecting and securing personal training services. By printing and completing this form with as much detail as possible, you will be aiding us in the process of matching you with a personal trainer that best suits your personal health and fitness goals. Once completed, please mail the completed document to the address indicated on the first page of the HHQ. In an effort to protect your privacy and medical information, please do not fax or e-mail the HHQ to the fitness program as this would be a violation of the Health Insurance Portability and Accountability Act (HIPAA) enacted by the U.S. Congress in 1996.

Once we receive your completed HHQ and you have been cleared for exercise, a personal trainer will contact you to set up your first appointment. Please allow 3-5 business days for this step in the process.

Congratulations on taking the first step toward reaching your personal health and fitness goals!

If you have additional questions, please do not hesitate to contact me.

Sincerely,

Annette Biggs
Fitness Director
University of Minnesota – Twin Cities
Phone: (612) 626-3407
E-mail: biggs010@umn.edu

HEALTH HISTORY QUESTIONNAIRE (HHQ)

PLEASE PRINT, COMPLETE AND MAIL THIS FORM TO:

Annette Biggs
Fitness Director – Department of Recreational Sports
1900 University Ave. SE
108 Cooke Hall
Minneapolis, MN 55455

Today's date: _____ Date of birth: _____

Name: _____ Student/Staff ID#: _____

Street Address: _____ City, State, Zip: _____

Phone number: _____ E-mail: _____

Emergency Contact: _____ Emergency Phone: _____

Clinic/Physician: _____ Clinic/Physician Phone: _____

Please circle preferred location for services: Minneapolis St. Paul Gym

Fitness Service Desired: Group Strength Program Desired:

<input type="checkbox"/> Fitness assessment	<input type="checkbox"/> BSTW
<input type="checkbox"/> Total fitness package	<input type="checkbox"/> Group Strength Express
<input type="checkbox"/> Personal training single sessions	<input type="checkbox"/> SAFE
<input type="checkbox"/> Cardio Coach® / VO2 max testing only	<input type="checkbox"/> Circuit
<input type="checkbox"/> Bod Pod® only	<input type="checkbox"/> Performance Training
<input type="checkbox"/> Upgrade w/ Bod Pod® and/or Cardio Coach®	<input type="checkbox"/> Ultimate Group Ride

The Fitness program offers free educational sessions and workshops throughout the year. Visit:
<http://www.recsports.umn.edu/fitness/index.html>

Please list all the days and time blocks you are available to meet with a personal trainer. The University Recreation Center in Minneapolis and St. Paul Gym opens as early as 5:45am on weekdays, and personal trainers meet with clients until as late as 10pm. Fitness assessment appointments generally last 1.25 hours and single sessions 1 hour.

Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____ Weekend _____

MARK ALL TRUE STATEMENTS REGARDING PERSONAL MEDICAL HISTORY

Cardiovascular Risk Factors

- I am a man older than 45 years of age
- I am a woman older than 55 years of age, have had a hysterectomy, or am menopausal
- I smoke, or quit smoking within the past 6 months
- My blood pressure is > 140 / 90 mmHg
- I take blood pressure medication
- I do not know my blood pressure
- My blood cholesterol level is > 200 mg / dL
- I do not know my cholesterol level
- I have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)
- I am physically inactive - less than 30 minutes of physical activity at least 3 days per week
- I am more than 20 pounds overweight

History

- I have had a heart attack
- I have had heart surgery
- I have had cardiac catheterization
- I have had coronary angioplasty (PTCA)
- I have a pacemaker / implantable cardiac
- I have had a defibrillator / rhythm disturbance
- I have heart valve disease
- I have had heart failure
- I had a heart transplant
- I have congenital heart disease

If you marked two or more of the statements in the “cardiovascular risk factors” section, you will need to consult with your physician or qualified health care provider prior to engaging in exercise.

The fitness director will contact you upon the receipt of your HHQ to explain the physician’s recommendations procedures

Symptoms

- I experience chest discomfort with exertion
- I experience unreasonable breathlessness
- I experience dizziness, fainting or blackouts
- I take heart medications

If you marked any of the statements in the “history”, “symptoms” or “other health issues” sections, you will need to consult with your physician or qualified health care provider prior to engaging in exercise.

The fitness director will contact you upon the receipt of your HHQ to explain the physician’s recommendations procedures

Other Health Issues

- I have diabetes
- I have asthma or other lung disease
- I have burning or cramping sensations in my lower legs when walking short distances
- I have musculoskeletal problems that limit my physical activity
- I have concerns about the safety of exercise
- I take a, or more than one, prescription medication
- I am pregnant
- None of the above

FAMILY MEDICAL HISTORY

Please indicate all that apply to your mother, father or siblings:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> cardiovascular disease | <input type="checkbox"/> stroke |
| <input type="checkbox"/> pulmonary disease | <input type="checkbox"/> sudden death |
| <input type="checkbox"/> metabolic disease | |

PERSONAL MEDICATIONS

Please list specific prescription medications that you are currently taking. Include vitamins, supplements, herbs, over-the-counter remedies, etc.

DIETARY HABITS

Please indicate all that apply:

- | | |
|--|---|
| <input type="checkbox"/> frequently consume red or high-fat meats | <input type="checkbox"/> eat 5 servings of fruits/vegetable a day |
| <input type="checkbox"/> pursue low-fat diet | <input type="checkbox"/> almost always eat a healthy breakfast |
| <input type="checkbox"/> include many high-fiber foods in daily diet | <input type="checkbox"/> rarely eat high-sugar or -fat desserts |
| <input type="checkbox"/> consume at least 64 oz. fluid per day | <input type="checkbox"/> consciously monitor portion sizes |
| <input type="checkbox"/> eat at restaurants/fast food 3+ times/week | <input type="checkbox"/> drink one or more cans of soda a day |

What is your approximate water intake per day? _____

Circle how closely you monitor your dietary habits:

- | | | | | | | | | | |
|---------------------|---|---|--------------------------------|---|---|---|---|---|--------------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| not at all | | | moderately | | | | | | extreme |
| “I eat what I want” | | | “I am conscious of what I eat” | | | | | | “I closely monitor everything” |

LIFESTYLE

Are you a smoker? How many a day? _____ How long have you smoked? _____
If you smoked in the past, how long has it been since you quit? _____

Do you consume alcoholic beverages? _____ How many units per week? _____

½ pint of beer	=	1 unit
1 glass of wine	=	1 unit
1 pub measure of spirits, e.g. gin, vodka	=	1 unit
1 can of beer	=	1 ½ units
1 bottle of strong lager	=	2 ½ units
1 bottle of wine	=	7 units
1 liter bottle of wine	=	10 units
1 bottle of fortified wine, e.g. port, sherry	=	14 units
1 bottle of spirits	=	30 units

Please indicate your daily stress level

- | | |
|---|---|
| <input type="checkbox"/> low | <input type="checkbox"/> moderate |
| <input type="checkbox"/> high (I enjoy the challenge) | <input type="checkbox"/> High (sometimes difficult to handle) |
| <input type="checkbox"/> high (often times too difficult to handle) | |

CURRENT PHYSICAL ACTIVITY

On average, how many times do you exercise per week? _____
On average, how long do you exercise per session? _____
What does a typical exercise session include? E.g. walking, running, swimming, group fitness.

Indicate your current physical activity during an average work day:

- ___ sitting most of the time, with very little movement
___ walking around, moving some of the time, but mostly sitting
___ fairly active, standing or moving most of the time
___ very active, strenuous work for long periods of time with little rest

PERSONAL HEALTH AND FITNESS GOALS

Please list your personal health and fitness goals in order of priority:

- 1) _____
- 2) _____
- 3) _____

Please describe your current physical activity, or a typical exercise session in detail below.

What types of activities, equipment or specific exercises do you prefer?

What barriers to success do you anticipate?

How much time during the week are you able to dedicate to your exercise program?

Please indicate any other medical conditions or activity restriction that you may have. This should include broken bones, recent or abnormal sprains/strains, surgeries, pain when performing certain activities, etc. It is important that this information be as accurate and detailed as possible.

Circle your current motivation level: low medium high
Circle your current confidence level: low medium high
Circle your readiness for change: low medium high

Thank you for completing the HHQ. A personal trainer will contact you within 3-5 business days of receiving your HHQ. We look forward to working with you!