International Sports Sciences Association

Joseph Kline Personal Training

Screening Questionnaire

Please Fill Out All Information Below

Name:	Date of Birth:	Age:
Address:		
City, State, Zip:		
Home Phone:	Work Phone:	
Employer:	Occupation:	

Please Check The Box For The Appropriate Answer

Has your doctor ever said you have heart trouble?	❒ Yes	❒ No
Have you ever had angina pectoris, sharp pain, or heavy pressure in your chest as a result of exercise, walking, or other physical activity such as climbing stairs? *(Note: This does not include the normal out of breath feeling that results from normal activity)*	❒ Yes	❒ No
Do you experience any sharp pain or extreme tightness in your chest when you are hit with a cold blast of air?	❒ Yes	❒ No
Have you ever experienced rapid heart action or palpitations?	❒ Yes	❒ No
Have you ever had a real or suspected heart attack, coronary occlusion, myocardial infarction, coronary insufficiency, or thrombosis?	❒ Yes	❒ No
Have you ever had rheumatic fever?	❒ Yes	❒ No
Do you have diabetes, hypertension, or high blood pressure?	❒ Yes	❒ No
Does anyone in your family have diabetes, hypertension, or high blood pressure?	❒ Yes	❒ No
Has more than one blood relative (parent, sibling, first cousin) had a heart attack or coronary artery disease before the age of 60?	❒ Yes	❒ No
Have you ever taken medications or been on a special diet to lower your cholesterol?	❒ Yes	❒ No
Have you ever taken digitalis, quinine, or any other drug for your heart?	❒ Yes	❒ No
Have you ever taken nitroglycerine or any other tablets for chest pain—tablets you take by placing under the tongue?	❒ Yes	❒ No
Are you overweight?	❒ Yes	❒ No
Are you under a lot of stress?	❒ Yes	❒ No
Do you drink excessively?	❒ Yes	❒ No
Do you smoke cigarettes?	❒ Yes	❒ No
Do you have a physical condition, impairment or disability, including a joint or muscle problem, that should be considered before you undertake an exercise program?	❒ Yes	❒ No
Are you more than 65 years old?	❒ Yes	❒ No
Are you more than 35 years old?	❒ Yes	❒ No
Do you exercise fewer than three times per week?	❒ Yes	❒ No

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