

Functional Health and Fitness
404 – 267 O'Connor St.
Ottawa ON K2P 13
Tel: 613-237-4609 Fax: 613-567-3904

Personal Fitness Profile Questionnaire

Name _____ Age ___ Gender ___ Therapist _____

Occupation:

Work Responsibilities:

1. How would you rate your overall physical condition? Great__ Good__ Fair__ Poor__
How would you rate your overall health? Great__ Good__ Fair__ Poor__
Do you consider yourself active? Yes__ No__

2. How often do you exercise? ____ days/week. For how long now?

What sort of exercises do you enjoy?

Are you currently involved in a stretch program? Which stretches do you do?

What exercise equipment do you have available at home for use in training sessions?

3. What activities can you participate in, and what can't you do anymore?

Can Do:

Can't Do:

3. What main goals do you want to achieve with Functional Health and Fitness?

Please list Three in order of personal importance:

- | | |
|-----------------------------------|-----------------------------|
| ____ Improved Strength | ____ Cardiovascular Fitness |
| ____ General Fitness | ____ Build Muscle |
| ____ Body Building | ____ Tone Up |
| ____ Post Injury or Illness Rehab | ____ Reduce Back Pain |
| ____ Injury Prevention | ____ Improve Flexibility |
| ____ Increase Energy | ____ Reduce Stress |

____ Other (describe)

6. Please rate your

Great

Good

Fair

Poor

- a. Muscle Strength
- b. Upper Body Strength
- c. Ability to Lift Weight
- d. Joint Range of Motion
- e. Physical Appearance
- f. Body Weight
- g. Amount of Body Fat
vs. Muscle

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7. On a scale of 1 to 10, rate the amount of stress you experience at work_____

On a scale of 1 to 10, rate the amount of stress you experience in your personal life__

How do you deal with your stress?

8. How much time do you spend per day in a seated position?_____

How much time do you spend per day in front of a computer?_____

Do you have an ergonomically set-up desk/workstation?

9. What is your ultimate outcome (i.e. In six month's time how would you ideally like to describe your body, physical vitality or performance?):

Why is this outcome important to you?

10. How long have you been thinking about getting into better shape?

11. Does your spouse support your goal to become more fit and lead a healthy lifestyle?

12. What has stopped you from either getting started or staying on an exercise and lifestyle program in the past?

13. Why or how is that going to be different this time?

14. Are you participating in any physical activity now? What & how often?

If not, how long has it been since you've been involved in a regular exercise program?

15. Is there any area of your body that you want to specifically work on?

16. On a scale of 1-10, how serious would you say that you are towards accomplishing your health and fitness goals?

17. Have you ever had a health/fitness program designed for you by a professional trainer before? If so, how long ago?

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18. Holistic Wellness

Use the scale below to respond to each question – circle the number that best describes your current lifestyle:

| Description | Most of the time | Frequently | Sometimes | Rarely or Never |
|--|------------------|------------|-----------|-----------------|
| 1. I have a good relationship with my family | 4 | 3 | 2 | 1 |
| 2. I am involved with my community | 4 | 3 | 2 | 1 |
| 3. I do something for fun and for myself weekly | 4 | 3 | 2 | 1 |
| 4. I provide support for others | 4 | 3 | 2 | 1 |
| 5. My life has meaning and direction | 4 | 3 | 2 | 1 |
| 6. I have life goals and I strive to achieve | 4 | 3 | 2 | 1 |
| 7. I look forward to the future | 4 | 3 | 2 | 1 |
| 8. I have a sense of peace in my life | 4 | 3 | 2 | 1 |
| 9. I learn from my mistakes | 4 | 3 | 2 | 1 |
| 10. I say no without feeling guilt | 4 | 3 | 2 | 1 |
| 11. I find it easy to laugh | 4 | 3 | 2 | 1 |
| 12. I cope with life’s changes in a healthy way | 4 | 3 | 2 | 1 |
| 13. I feel positive about myself and my life | 4 | 3 | 2 | 1 |
| 14. I prepare ahead of time for events that may cause stress | 4 | 3 | 2 | 1 |
| 15. I schedule enough time to accomplish what I need to get done | 4 | 3 | 2 | 1 |
| 16. I participate in activities that relieve stress | 4 | 3 | 2 | 1 |
| 17. I stay calm and patient under pressure | 4 | 3 | 2 | 1 |
| 18. I know what my values and beliefs are | 4 | 3 | 2 | 1 |
| 19. I have interests outside my work | 4 | 3 | 2 | 1 |
| 20. I am interested in learning new things | 4 | 3 | 2 | 1 |
| 21. I take time to relax regularly | 4 | 3 | 2 | 1 |
| 22. I cope well with changes in my life | 4 | 3 | 2 | 1 |
| 23. I feel that things often go my way | 4 | 3 | 2 | 1 |
| 24. I get enough sleep and have little trouble going to sleep | 4 | 3 | 2 | 1 |
| 25. I am happy and enjoy life | 4 | 3 | 2 | 1 |

Total Score _____