



Health/Fitness History Questionnaire

(RxExercise Ambassador Registration Form #3 of 3)

Please take time to complete the following questionnaire. Attach additional information as necessary. Remember, too, to inform CC of any health changes, injuries or diagnoses, which you experience in the coming year that may affect your athletic training. The information you provide will allow for a safer and more effective CC Rx Exercise and athletic training program for you.

Part I: Contact Information

Name: _____ Date of Birth: _____
Address: _____
City, State, Zip Code: _____
Occupation: _____ Employer: _____
Home Phone: _____ Work Phone: _____
E-Mail: _____ Cell Phone: _____
Emergency Contact:
Name _____ Relationship _____ Phone _____

Part II: Training and Racing Information

1. What is your athletic and sports background, including whether you received coaching?
 - A. As a young person until High School:
 - B. While in High School:
 - C. During College Years:
 - D. For 10 years after College:
 - E. For Last 5 Years:
2. Are you currently involved in any fitness/training program (i.e. swimming, cycling, aerobic dancing, etc.)? If so please list your activities and how many hours per activity per week you spend exercising.

Are you interested in new activities/sports or cross-training? What types (cycling, swimming, etc.)?
3. My primary sport/activity is: running ___ walking _____ other activity/sport(s) _____
Are you currently involved in a running/walking program? If so, how many miles do you run/walk each week?
At what pace (minute/mile) do you do your training runs/walks?
What days and times during the week would you prefer to join Team mates for group training sessions?
What training locations would you prefer for group training sessions?
4. How many years have you been running/walking and/or other sport?
5. Have you ever participated in a running/walking race event? If so, please list the results from your last five races in the past year.

<u>Event</u>	<u>Distance</u>	<u>Result/Time</u>	<u>Date of race</u>
1.			

- 2.
- 3.
- 4.
- 5.

6. Have you ever participated in a marathon? Please list your personal best time and last three finishing results.
Marathon Date of race Result/Time

7. What is your goal time for completing your next goal event:
 1 Mile: _____ 5k _____ 10k _____ Half Marathon _____ Marathon _____ other event _____?

Part III: Health & Nutrition

1. Are you currently taking any nutritional supplements (vitamins, amino acids, herbs, etc.)?
2. What foods do you eat before or while exercising/running (Powerbars, Gatorade, juice, bananas, etc.)?
3. Are you a vegetarian or do you have any other special dietary needs?
3. Are you currently involved in a weight management program or diet? If so, please describe, including your degree of satisfaction with that program.
 - A. Have you experienced weight gain or loss of more than 10 pounds in last 6 months? If yes, how much did your weight change over what period of time?
 - B. If your goal is to lose weight, how much weight do you want to lose? _____ In what time? _____
 - C. If your goal is to gain weight, how much weight do you want to gain? _____ In what time? _____
 Current Height: _____ Weight: _____ BMI (If you know) _____ Hip:Waist Ratio (If you know) _____

Part IV: Medical & Biomechanical

1. Do you have, or ever had, any medical condition which may affect your athletic training and RxExercise?
 Diagnosis Date/History/Explain

Cardiovascular Diseases	No__ Yes__ _____
Diabetes, Metabolic Diseases	No__ Yes__ _____
Pulmonary/Respiratory Diseases, Asthma	No__ Yes__ _____
Cancer	No__ Yes__ _____
Depression or Mental Disorder	No__ Yes__ _____
Neurological Disorder	No__ Yes__ _____
Arthritis	No__ Yes__ _____
Orthopedic Disease	No__ Yes__ _____
Any sports-related injuries affecting training	No__ Yes__ _____
Other disability, disorder, or disease	No__ Yes__ _____

2. Are you taking any medications? Yes__No__ What are they? How long?

Are you familiar with any side effects of your medications relative to your athletic training & RxExercise?

3. In what kind of shoes do you train and/or race? Size?
3. Are you an over-pronator (feet roll excessively inward), under-pronator (feet don't roll inward sufficiently)?
 Do you wear or use orthotics?
 Do you have any ongoing aches/pains while walking or running?

Miscellaneous

Is there any other information that will help us design a better RxExercise and athletic training program for you?