



TOTAL CUSTOMIZED FITNESS, LLC QUESTIONNAIRE

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| 1. | Has your doctor ever said that you have a heart condition or that you should only perform physical activity recommended by a doctor? | YES | NO |
| 2. | Do you feel pain in your chest when you perform physical activity? | YES | NO |
| 3. | In the past month, have you had chest pain when you were not performing any physical activity? | YES | NO |
| 4. | Do you lose your balance because of dizziness or do you ever lose consciousness? | YES | NO |
| 5. | Do you have a bone or joint problem that could be made worse by a change in your physical activity? | YES | NO |
| 6. | Is your doctor currently prescribing any medication for your blood pressure or for a heart condition? | YES | NO |
| 7. | Do you have high cholesterol? | YES | NO |
| 8. | Do you know of any other reason why you should not engage in physical activity? | YES | NO |
| 9. | Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder)? If yes, please explain. _____

_____ | YES | NO |
| 10. | Have you ever had any surgeries? If yes, please explain. _____

_____ | YES | NO |
| 11. | Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? If yes, please explain. _____

_____ | YES | NO |
| 12. | Are you currently taking any medications? Please list. _____

_____ | YES | NO |

If you have answered yes to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

Signature: _____ Date: _____

Printed Name: _____