

Goal Setting Form

1. Please list your long-term health and fitness goals in order of importance.

#1. _____

Why is this goal important to you? _____

#2. _____

Why is this goal important to you? _____

#3. _____

Why is this goal important to you? _____

2. How do you plan to achieve these goals? (Consider frequency [list specific days and times], intensity, duration, mode, etc.)

Goal #1 _____

Goal #2 _____

Goal #3 _____

3. How and when will these goals be measured? _____

4. What barriers or obstacles might keep you from reaching these goals?

Barriers

Strategies for overcoming barriers

5. What short-term goals can you set for yourself this week? _____

6. How will you reward yourself when your goal is achieved? _____

Behavior Contract

I, _____, am making a commitment to myself to change the following behavior(s):

I agree to adhere to an exercise program for _____ weeks. I commit to exercising _____ times per week and to increasing my overall level of physical activity. I am doing this so that _____

I will reward myself by _____

Signed _____ Date _____

Witness _____ Date _____

Nutrition and Weight Profile

Name: _____ Date: _____

What is your current weight? _____ What would you like to weigh? _____

If you are trying to lose weight:

What is the most you have weighed as an adult? _____

What is the least you have weighed as an adult? _____

How long did you maintain this weight? _____

What is the lowest weight you have maintained for a year? _____

How many times have you lost and regained weight? _____

What types of diets have you tried? _____

If you have high blood pressure or high cholesterol,
at what weight did these problems develop? _____

Do you have parents or siblings who are overweight? Yes No

Is this a good time in your life to commit to a weight loss program (think about possible pressing responsibilities, unusual stressors or distractions, etc.)? Yes No

What obstacles are in the way of achieving your goal? _____

Which do you eat regularly (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch | <input type="checkbox"/> Dinner |
| <input type="checkbox"/> Midmorning snack | <input type="checkbox"/> Midafternoon snack | <input type="checkbox"/> After-dinner snack |

How often do you eat out each week? _____ times

What size portions do you normally have?

- Small Moderate Large Extra-large Uncertain

How often do you eat more than one serving?

- Always Usually Sometimes Never

How long does it usually take you to eat a meal? _____ minutes

Do you eat while doing other activities (e.g., watching TV, reading, working)? Yes No

How many times a week do you eat or drink the following?

- _____ cookies, cake, pie
_____ candy
_____ doughnuts
_____ ice cream
_____ commercial muffins

Exercise and Activity Quiz

Name: _____ Date: _____

How fit do you feel now? _____
(assign #1-5 with 1 being poor and 5 being excellent)

Exercise/activity habits:

In an average day, I climb _____ flights of stairs (~12 stairs/flight).

My job requires that I be on my feet and moving _____ hours a day (example: waitress, industrial inspector, nurse). Count actual time moving only.

My job requires that I be on my feet _____ hours a day, but I move around very little (example: sales clerk).

In an average day I walk _____ miles (walking at least one mile at a time without stopping).

I spend about _____ hours a week tending a garden or lawn.

I am a parent who assumes primary responsibility for a preschool child _____.

— child and parent at home all day

— child spends half day in day care

— child spends full day in day care

My job is physically demanding (lifting, carrying, shoveling, climbing) for _____ hours a day (consider only the time you are actually involved in vigorous activity).

I perform household chores (laundry, cleaning, cooking) an average of _____ hours a week.

I have a desk job, but leave my desk regularly to run errands, greet visitors, attend meetings, etc. at least _____ times an hour.

I engage in light sports activities (doubles tennis, softball, volleyball, social dancing) _____ hours a week.

I engage in vigorous exercise _____ times a week for _____ minutes each time.

Please list your fitness goals: _____

Why are these goals important to you? _____

How long do you think it will take to achieve these goals? _____

How committed are you to improving your fitness at this time? _____

What are your favorite exercise activities? _____

What types of exercise have you tried in the past? _____

Have you had any negative exercise experiences? _____

Physician's Clearance Form

Please return this form to: _____
(Personal Fitness Trainer's Name)

Address: _____

Phone: _____

Date: _____

Patient's name: _____ Age: _____

Date of last physical examination: _____

_____ This patient may/may not participate fully in a physical activity program consisting of cardiovascular, strength, and flexibility training without limitation.

_____ This patient may participate in a physical activity program with the following limitations and/or recommendations: _____

Please include a brief description of any medical condition that might affect his/her physical activity program: _____

If this patient is on any medication that may affect the heart rate or the blood pressure response to exercise (elevating or suppressing), please indicate: _____

I consider the above individual to be: _____ normal
_____ cardiac patient
_____ prone to coronary heart disease
_____ other (explain): _____

Please fill in the following information if available:

result of last GXT _____

blood pressure _____

glucose _____

total serum cholesterol _____

HDL-C _____ LDL-C _____

triglycerides _____

Physician's Signature _____ Date _____

Please Note: This record must be signed by the physician or at least stamped by the physician and verified if stamped by a typed letter on the provider's letterhead. THE PHYSICIAN'S CLEARANCE FORM WILL NOT BE ACCEPTED WITHOUT SUCH PROPER VERIFICATION.

PAR-Q & You

A questionnaire for people age 15–69

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15–69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. Check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If you answered

YES to one or more questions:

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want—as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions:

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active—begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal—this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

Delay Becoming Much More Active:

- if you are not feeling well because of temporary illness such as a cold or a fever—wait until you feel better; or
- if you are or may be pregnant—talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

“I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.”

Name _____

Signature _____ Date _____

Signature of Parent _____ Witness _____
or Guardian (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

(Source: Physical Activity Readiness Questionnaire (PAR-Q) ©2002. Reprinted with permission from the Canadian Society for Exercise Physiology. <http://www.csep.ca/forms.asp>.)

AHA/ACSM Health/Fitness Facility Preparticipation Screening Questionnaire* (Medical History Form)

Assess your health status by marking all true statements

History

You have had:

- | | |
|---|---|
| <input type="checkbox"/> a heart attack | <input type="checkbox"/> heart valve disease |
| <input type="checkbox"/> heart surgery | <input type="checkbox"/> heart failure |
| <input type="checkbox"/> cardiac catheterization | <input type="checkbox"/> heart transplantation |
| <input type="checkbox"/> coronary angioplasty (PTCA) | <input type="checkbox"/> congenital heart disease |
| <input type="checkbox"/> pacemaker/implantable cardiac defibrillator, or rhythm disturbance | |

Symptoms

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

If you marked any of these statements in this section, consult your physician or other appropriate health care provider before engaging in exercise. You may need to use a facility with a **medically qualified staff**.

Other Health Issues

- You have diabetes.
- You have asthma or other lung disease.
- You have burning or cramping sensation in your lower legs when walking short distances.
- You have musculoskeletal problems that limit your physical activity.
- You have concerns about the safety of exercise.
- You take prescription medication(s).
- You are pregnant.

Cardiovascular Risk Factors

- You are a man older than of 45 years.
- You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal.
- You smoke, or quit smoking within the previous 6 months.
- Your blood pressure is > 140/90 mmHg.
- You do not know your blood pressure.
- You take blood pressure medication.
- Your blood cholesterol level is > 200 mg/dl.
- You do not know your cholesterol level.
- You 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).
- You are physically inactive (i.e., you get < 30 minutes of physical activity on at least 3 days per week.)
- You are > 20 pounds overweight.

If you marked two or more of the statements in this section you should consult your physician or other appropriate health care provider before engaging in exercise. You might benefit from using a facility with a **professionally qualified exercise staff*** to guide your exercise program.

- None of the above

You should be able to exercise safely without consulting your physician or other appropriate health care provider in a self-guided program or almost any facility that meets your exercise program needs.

*Professionally qualified exercise staff refers to appropriately trained individuals who possess academic training, practical and clinical knowledge, skills, and abilities commensurate with the credentials defined in Appendix F of the ACSM Guidelines 2006.

*Modified from American College of Sports Medicine and American Heart Association. (1998). ACSM/AHA joint position statement: Recommendations for cardiovascular screening, staffing, and emergency policies at health/fitness facilities. *Medicine & Science in Sports & Exercise*: 1018. Reprinted with permission.

Legal Forms

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- Informed Consent for Exercise Testing of Apparently Healthy Adults
- Alternative Form for Informed Consent for Exercise Testing Procedures of Apparently Healthy Adults
- Informed Consent for Participation in an Exercise Program for Apparently Healthy Adults
- Agreement and Release of Liability
- Alternative Form—Express Assumption of Risk/Prospective Waiver of Liability and Release Agreement
- Express Assumption of Risk for Participation in Specified Activity

Caveat

“No form should be adopted by any program until it has first been reviewed by legal counsel and other advisors to the program. Each such form must be written in accordance with prevailing state laws by knowledgeable legal counsel and should state to the participant the reasons for the procedures, the risks and benefits of the procedure, etc. in a manner specific to the program activities for which consent or other form or contractual document is being obtained.”

Informed Consent for Participation in an Exercise Program for Apparently Healthy Adults

(without known or suspected heart disease)

Name: _____

1. Purpose and Explanation of Procedure

I hereby consent to voluntarily engage in a program of exercise conditioning. I also give consent to be placed in program activities which are recommended to me for improvement of my general health and well-being. These may include dietary counseling, stress reduction, and health education activities. The levels of exercise which I will perform will be based upon my cardiorespiratory (heart and lungs) fitness as determined through my recent laboratory graded exercise evaluation. I will be given exact instructions regarding the amount and kind of exercise I should do. I agree to participate three times per week in the formal program sessions. Professionally trained personnel will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. Depending upon my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits. I understand that I am expected to attend every session and to follow staff instructions with regard to exercise, diet, stress management, and smoking cessation. If I am taking prescribed medications, I have already so informed the program staff and further agree to so inform them promptly of any changes which my doctor or I have made with regard to use of these. I will be given the opportunity for periodic assessment with laboratory evaluations at 6 months after the start of my program. Should I remain in the program thereafter, additional evaluations will generally be given at 12 month intervals. The program may change the foregoing schedule of evaluations if this is considered desirable for health reasons.

I have been informed that during my participation in exercise, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At that point, I have been advised it is my complete right to decrease or stop exercise and that it is my obligation to inform the program personnel of my symptoms. I hereby state that I have been so advised and agree to inform the program personnel of my symptoms, should any develop.

I understand that during the performance of exercise, a trained observer will periodically monitor my performance and perhaps measure my pulse, blood pressure, or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the observer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit.

2. Risks

It is my understanding, and I have been informed, that there exists the remote possibility during exercise of adverse changes, including abnormal blood pressure, fainting, disorders of heart rhythm, and very rare instances of heart attack, stroke or even death, as well as other risks of injury or impairment, due to my participation in activity. Often injuries to bones, muscles, tendons, ligaments, and other parts of my body may also occur. Every effort, I have been told, will be made to minimize these occurrences by proper staff assessment of my condition before each exercise session, through staff supervision during exercise and by my own careful control of exercise efforts. I have also been informed that emergency equipment and personnel are readily available to deal with unusual situations should these occur. I understand that there is a risk of injury, heart attack or even death as a result of my exercise, but knowing those risks, it is my desire to participate as herein indicated.

3. Benefits to be Expected and Alternatives Available to Exercise

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the exercise sessions will allow me to learn proper ways to perform conditioning

exercises, use fitness equipment, and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program instructions, that I will likely improve my exercise capacity after a period of three (3) to six (6) months.

4. Confidentiality and Use of Information

I have been informed that the information which is obtained in this exercise program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent or as required by law. I do, however, agree to the use of any information which is not personally identifiable with me for research and statistical purposes so long as same does not identify my person or provide facts which could lead to my identification. Any other information obtained, however, will be used only by the program staff in the course of prescribing exercise for me and evaluating my progress in the program.

5. Inquiries and Freedom of Consent

I have been given an opportunity to ask certain questions as to the procedures of this program. Generally speaking, the questions I have asked, which have been noted by the interviewing staff member, and the responses I have received from that staff member are as follows:

I further understand that there are also other remote risks that may be associated with this program. Despite the fact that a complete accounting of all these remote risks is not entirely possible, I am satisfied with the review of these risks which was provided to me and it is still my desire to participate.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same.

I consent to the rendition of all services and procedures as explained herein by all program personnel and to the provision of emergency care response and CPR if necessary.

Date _____

Participant's Signature

Witness's Signature

Test Supervisor's Signature

**Consent to the Use of Systematic T.O.U.C.H. TrainingSM (STT)
As Part of My Regular Physical Fitness Program and Exercise Activities**

I understand that the exercise activities and physical fitness program conducted by John Doe and XYZ Personal Fitness Trainers may include the use of Systematic T.O.U.C.H. Training also known as STT.

STT is a method in which the trainer attempts to enhance muscle strength and function by stimulating the central nervous system of the exerciser through the use of specific and repetitive patterns of touch. STT is based upon the theory that the receptors of the skin are able to transmit precise information to the central nervous system when stimulated through touch. STT is not medical treatment, nor is it any form of massage, acupressure, or other similar body work. I understand that STT will be used in conjunction with my regular exercise program and that it may provide the following potential benefits. 1) It may help direct the focus of my attention on the muscle I am working. 2) It may help to provide information to both me and my trainer about which muscles are involved in the exercise and how much tension they are producing. 3) It may help to increase the tension of my muscle contractions. 4) It may help my trainer evaluate the tension in my muscles and detect any muscle imbalances. 5) It may help to eliminate tension in those muscles that should not be involved during a particular exercise.

STT does not require that my trainer touch my bare skin. The method works equally well over light clothing, such as leggings, light sweat shirts, and sweat pants. I have been informed that the aim of STT is to stimulate the receptors of the skin over my muscles and that there is no reason to touch any intimate part of my body, such as the face, mouth, breasts, genitals, or any body orifice. STT is totally non-sexual. I have been advised that attitudes toward touching and being touched by others are sometimes influenced by culture, religious upbringing, individual preferences, and gender differences. In addition, I understand that every person has different hypersensitivities. It is therefore important for me to advise my trainer in advance if there is /are any part(s) of my body that I would prefer he/she not touch. I have been informed that this is perfectly acceptable to my trainer, and he/she will refrain from touching those areas without any comment or further discussion. On the attached drawing I will mark an X on those locations (if any) that the trainer should avoid touching. I have been informed that I am free to decline the use of STT, or any portion thereof, in my training program. I may also verbally withdraw my consent at any time and for any reason, either before or after we begin using the STT method, without prejudice and without fear of offending my trainer. By the same token, I understand that my trainer reserves the right to discontinue using STT if for any reason he/she decides that it will be of no further benefit to me.

STT produces no pain and is non-invasive. However, each exerciser's sensitivities, tactile thresholds, and sensations determine how much pressure the trainer will use. Therefore, my trainer will test me in advance for the particular scale of pressure with his/her forefinger to the underside of my forearm. I may experience momentary pain in that area because of the pressure applied. I understand that my trainer will make every effort to avoid causing a bruise to the forearm, but there is a potential risk that I may develop a bruise.

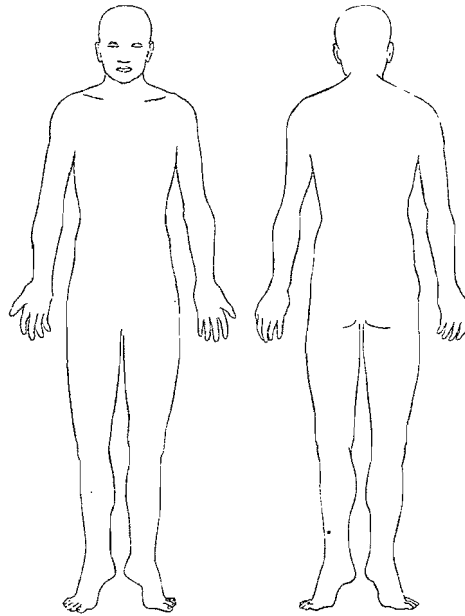
The trainer will begin using STT by demonstrating on his/her body where he/she intends to touch me, and provide a brief explanation of the reason. Once I have become comfortable and familiar with the technique, this practice will be discontinued, as it is time-consuming.

Unless I instruct otherwise, my trainer may sometimes demonstrate an exercise by asking me to touch his/her muscles, so that I will understand how a properly executed muscle should feel through its full range of motion.

While there is substantial experimental evidence from personal trainers and strength coaches on the value and effectiveness of this technique, there is presently no scientific explanation as to why STT works. However, there is growing evidence from scientific research that cutaneous receptors play an important role in muscle control. Together with the known effectiveness of touch as a means of communicating, there is reason to believe that touch can be used effectively by strength trainers and coaches to improve strength and function, and to teach exercise techniques. However, I understand that STT may or may not benefit my physical fitness, general health, exercise techniques, or sports ability.

I have been informed by my trainer that the information about me obtained as a consequence of using the STT technique will be treated as privileged and confidential, and that he/she will make every effort, to the extent permitted by law, not to release or reveal said information to any person without my express written consent.

I have been given the opportunity to ask any questions about the scientific basis of STT, its techniques and procedures, and they have all been answered to my satisfaction. I acknowledge that I have carefully read and understood this document in its entirety. I consent to the use of STT by my trainer in conjunction with my regular exercise program.



CLIENT SIGNATURE

TRAINER SIGNATURE

DATE

DATE

Cautionary Note: This form is illustrative only. No form that may have legal implication should ever be adopted for use or used without individualized legal advice.

(© PRC Publishing, 1995. From Rothenberg, O. (1995). Professional and legal concerns related to the use of Systematic T.O.U.C.H. Trainingsm. *The Exercise Standards and Malpractice Reporter*, 9(1), 8-11. Reprinted by permission.)