Congratulations on your decision to invest in yourself! Our qualified, nationally certified personal trainers will provide you with the right information and right training to help you achieve your goals.

Please see the following steps to begin your training:

1. Turn this packet in to the 1st floor Fitness Desk.
2. For first time clients, your first session will be a comprehensive fitness assessment. Please schedule your first session at the 1st Floor Fitness Desk.
3. Your personal trainer will contact you within 2 business days to schedule your remaining sessions.

Contact Krista Gooris, Fitness and Wellness Program Coordinator, at (701) 231-7360 or krista.gooris@ndsu.edu with any questions or concerns.

We look forward to helping you achieve your fitness goals!

Personal Training Policies

- Please meet your trainer for each session at the 1st Floor Fitness Desk in proper workout attire as specified by the wellness center policies.
- All personal training sessions are 45 minutes in length.
- Late Policy: Trainers are obligated to wait only 15 minutes past your scheduled session. After 15 minutes, the trainer is not required to lead the remaining time of the session and the session will be deducted.
- Cancellation Policy: Failure to contact the Wellness Center Fitness Desk (701-231-5209) or your personal trainer within 12 hours of the scheduled session, will result in a session loss.
- E-mail is our official method of contact. Please use e-mail to converse with your trainer.
- Training sessions expire 6 months after purchase date. There will be no refund given on unused sessions.
- Unused sessions cannot be transferred to another person.
- If your fitness evaluation shows the presence of risk factors for various cardiovascular, pulmonary, or metabolic diseases that require special attention, you will be required to provide a physician’s release form prior to participation in purchased sessions.

Please sign acknowledging these policies and procedures.

Printed name: _________________________________  Date: ___________________________

Signature: ____________________________________________________________________
First Name: ___________________  Last Name: ___________________
Age: _______________________  Cell Phone: (______) __________________
Email: _____________________  Emergency Contact: ___________________

NDSU Affiliation:  ○ Faculty/Staff  ○ Student  ○ Associate  ○ Dual

Please indicate times that you are available in the appropriate boxes.

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<tr>
<th></th>
<th>Monday</th>
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<th>Wednesday</th>
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<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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<td>Morning</td>
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</table>

Please list all prescription, non-prescription medications and supplements you are currently taking.

What is your occupation/work type?

Please list any past or current injuries.

Do you smoke or use tobacco products?  ○ Yes  ○ No

On an average daily basis, what is your stress level? (Circle one)

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<th>1</th>
<th>2</th>
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<td>Low</td>
<td>Moderate</td>
<td>High</td>
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Please indicate your personal health and fitness goals: (check all that apply)

○ Reduce Body Fat & Lose Weight  ○ Weight Gain
○ Increased Confidence & Energy  ○ Improve Stamina & Flexibility
○ Build Lean Muscle Mass  ○ Muscular Strength
○ General Health & Fitness  ○ Reduce Blood Pressure/Cholesterol
○ Better Balance & Mobility  ○ Improve Nutrition
○ Improve Cardiovascular Fitness  ○ Reshape Body
○ Other: ____________________________________________________________________________________
Please tell us more about your specific short and long term goals for exercise, health, and fitness:

What would you like to get out of your purchased session(s)?

Please share any additional information that might be helpful in selecting a personal fitness trainer to meet your needs. (You may request a specific trainer here)

How did you hear about personal training at the NDSU Wellness Center?

**Please indicate your current levels of satisfaction.**

<table>
<thead>
<tr>
<th></th>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>Neutral</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
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<tbody>
<tr>
<td>Current Weight</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
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<tr>
<td>Physical Activity Level</td>
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<tr>
<td>Muscular Strength</td>
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<td>Cardiovascular Endurance</td>
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<td>Flexibility</td>
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<td>Nutrition and Eating Habits</td>
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<td>General Health and Lifestyle</td>
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</tbody>
</table>

Please circle the activities you would consider “fun”.

Walking/Hiking  Rowing  Group Fitness Classes  Strength Training  Cycling
Pilates/Yoga  Athletic Drills  Swimming  Jogging  Cardio Machines

Other activities you’re interested in?__________________________________________________________
Health Activity Questionnaire

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

If you answered:

**YES to one or more questions**

Talk with your doctor by phone or in person BEFORE you start becoming 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:

- Engage in physical activity — 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 more physically 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.

**DELAY BECOMING MUCH MORE ACTIVE:**

- if you are not feeling well because of a 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.

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 ____________________________
Fitness Evaluation Instructions

Preparation (IMPORTANT)

- To ensure accuracy in your BodPod results, you must be wearing proper clothing:
  - 1. Men must wear compression shorts made of polyester and/or Lycra.
  - 2. Women must also wear compression shorts and a wire free sports bra. A bathing suit may be worn as well.
  - A swim cap will be provided.
- You will also need proper clothing for the remainder of your Fitness Evaluation. Please bring comfortable, loose fitting workout clothes and tennis shoes.
- Get an adequate amount of sleep (6 – 8 hrs.) the night before your assessment.
- Avoid exercise (including cardio and strength training) within 12 hours of the assessment. Exercise will elevate your blood pressure and resting heart rate - invalidating these measures.
- Avoid alcohol, eating, drinking, or smoking at least 3 hours before the assessments.
- Avoid caffeine or any diuretic, unless prescribed by doctor, 3 hours before the assessments.
- Please inform a member of staff if you are suffering from any acute respiratory infection or related condition.
- Please allow 1 hour for your assessment.
- Please use the rest room prior to your appointment.

To cancel or reschedule your appointment, please call the 1st Floor Fitness Desk at (701) 231-5209 at least 12 hours prior to your scheduled appointment.

Please contact Krista Gooris, Fitness and Wellness Program Coordinator, at (701) 231-7360 or krista.gooris@ndsu.edu with any questions or concerns.

Thank you, we appreciate your business!