Health Questionnaire

Section 1 – Your Personal Details

Name ____________________

Address ____________________

____

____

____________________ Post Code ____________________

Telephone Home ____________________ Work ____________________

Mobile ____________________

E-mail ____________________

Occupation ____________________

Date of Birth ____________________

Section 2 – Emergency Contact Details

Name ____________________

Address ____________________

____

____

____________________ Post Code ____________________

Telephone Home ____________________ Work ____________________

Mobile ____________________

Section 3 – Your Doctor's Details

Name ____________________

Address ____________________

____

____

____________________ Post Code ____________________

Telephone ____________________

Section 4 – About Your Running Goals

1 What short term goals would you like to achieve in the next 3 months?

2 What long term goals would you like to achieve over the next 12 months?

3 Name 3 things you will do in order to improve your running away from Run Club.

Section 5 – About Your Running Habits

4 What are your main reasons for joining Balsall Run Club?

- ▢ Weight/Fat loss
- ▢ Event Specific
- ▢ Stress management
- ▢ To learn correct technique
- ▢ Aerobic Fitness
- ▢ Find new local routes
- ▢ Motivation
- ▢ Social
- ▢ Other ____________________

5 How would you describe yourself as a runner?

▢ Beginner ▢ Regular Runner ▢ Advanced Runner

6 Have you ever been a member of a Run Club? ▢ Yes ▢ No

7 How many times a week did you run? _____ days per week

8 What is your ave. miles per week and at what pace?

____

Section 6 – About Your Medical History

9 Do you have any of the following conditions? ***Please tick all boxes that apply.***

- ▢ Osteoarthritis
- ▢ Shoulder injury
- ▢ Rheumatoid Arthritis
- ▢ Head/Neck injury
- ▢ Knee/Thigh injury
- ▢ Arm/Elbow injury
- ▢ Back pain/injury
- ▢ Hip/Pelvis injury
- ▢ Wrist/Hand injury
- ▢ Nerve damage
- ▢ Ankle/Foot injury
- ▢ Bone fracture
- ▢ Swollen joints

10 If you answered *Yes*, please give details.

____

____

11 Are these or any other injuries aggravated by running/exercise?

▢ Yes ▢ No.

12 If you answered *Yes*, please give details.

____

____

13 Is there a family history of any of the following medical conditions?

- ▢ Heart problems
- ▢ Diabetes
- ▢ Epilepsy
- ▢ Early menopause
- ▢ Cancer
- ▢ Other medical conditions

If *Other,* please give details.

____

____

14 Have you had major surgery in the last 10 years? ▢ Yes ▢ No

If *Yes,* please give details.

____

____

15 Have you had minor surgery in the last 2 years? ▢ Yes ▢ No

If *Yes,* please give details.

____

____

16 Please tick any of the following for which you have been diagnosed or treated by a Doctor or health professional.

- ▢ Asthma
- ▢ Diabetes
- ▢ Epilepsy
- ▢ Heart problem
- ▢ High blood pressure
- ▢ Chest pains
- ▢ Other

17 Tick all Medicine taken in the last 6 months.

- ▢ Blood thinner
- ▢ Diabetic medication
- ▢ Epilepsy medication
- ▢ Diuretics
- ▢ Beta Blockers
- ▢ Other medication which might affect exercise

If *Other,* please give details.

____

____

18 Tick the box if you ever experience any of the following symptoms.

- ▢ unusually short of breath with very light exertion?
- ▢ pain, pressure heaviness or tightness in the chest area?
- ▢ regularly have unexplained pain in the abdomen, shoulder or arm?
- ▢ have severe dizzy spells or episodes of fainting?
- ▢ regularly get lower leg pain during walking that is relieved by rest?

19 Are you currently pregnant or have you given birth in the last 12 months?

▢ Yes ▢ No

PLEASE NOTE: That you run entirely at your own risk and that Balsall Common Run Club cannot be held responsible for any personal injury incurred whilst taking part in any club activities. If you have answered 'Yes' to one or more questions within the Questionnaire: If you have not recently done so, please consult with your doctor before increasing your physical activity and tell your doctor which questions you answered yes to. If in any doubt, seek your doctor's advice as to your suitability for joining Balsall Common Run Club.

Declaration:-

I confirm that to the best of my knowledge the information given within this document is correct. I have read and I fully understand that it will be treated with strictest confidence by Balsall Common Run Club for services that I may wish to engage in now and in the future.

Members Signature: ____

Print Name: ____

Date: ____