

**NORTHWESTERN UNIVERSITY
PHYSICAL ACTIVITY SCREENING QUESTIONNAIRE**

Last Name _____ First Name _____

Date Of Birth ____/____/____ Do you have access to the Internet? ____ Yes ____ No

Email address _____ Today's Date _____

Please assess your health status by marking all statements that are true:

SECTION I

I have had:

- a heart attack
- heart surgery
- cardiac catheterization
- coronary angioplasty (PTCA)
- pacemaker/implantable cardiac defibrillator/rhythm disturbance
- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease

Symptoms:

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

Other health issues:

- You have musculoskeletal problems.
- You have concerns about the safety of exercise.
- You take prescription medication(s).
- You are pregnant.

If you marked ANY of the statements in this section, consult your healthcare provider BEFORE engaging in exercise. You may need to have medically qualified staff assist in the guidance of your exercise program.

SECTION II

- I am a man older than 45 years.
- I am a woman older than 55 year or I have had a hysterectomy or I am postmenopausal.
- I smoke.
- My blood pressure is greater than 140/90.
- I don't know my blood pressure.
- I take blood pressure medication.
- My blood cholesterol level is >240 mg/dL
- I don't know my blood cholesterol level.
- I have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister).
- I am diabetic or take medicine to control my blood sugar.
- I am physically inactive (i.e. I get less than 30 minutes of physical activity on at least 3 days per week)
- I am more than 20 pounds overweight.

If you marked (2) TWO OR MORE of the statements in this section, you should consult your healthcare provider BEFORE engaging in exercise. You might benefit by having professionally qualified exercise staff guide your exercise program.

SECTION III

- None of the above is true.

You should be able to exercise safely without consulting your healthcare provider.

I hereby certify that I have read, understood and honestly answered the Physical Activity Screening Questionnaire above. I understand that I should contact my physician or healthcare provider prior to engaging in physical activity if the screening questionnaire indicates so. I agree that should my individual circumstances change, which would then change my answers to any of the above questions, I will promptly contact the membership office staff to request and complete a new questionnaire and follow through with the recommendations above.

Participant's signature _____ Date _____

Thank you for choosing to participate in NU Fitness and Recreation programs. Please help us to better serve your needs by taking a minute to complete the following:

Please help us to better serve your needs by taking a minute to select all that apply from each of the groups below. Please rank your top three choices from each group in order of importance, 1 being the most important.

What are your goals & reasons for joining the Sports & Aquatics Center?

- | | | | |
|-------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Lose weight/fat | <input type="checkbox"/> Doctor's recommendation | <input type="checkbox"/> Reduce back/neck pain | <input type="checkbox"/> Manage stress/tension |
| <input type="checkbox"/> Reduce risk of heart disease | <input type="checkbox"/> Conditioning for a sport | <input type="checkbox"/> Stop smoking | <input type="checkbox"/> Professional guidance |
| <input type="checkbox"/> Recreation/fun | <input type="checkbox"/> Social interaction | <input type="checkbox"/> Increase endurance | <input type="checkbox"/> Improve energy |
| <input type="checkbox"/> Improve strength | <input type="checkbox"/> Look & feel better | <input type="checkbox"/> Rehabilitation/
injury prevention | <input type="checkbox"/> Other _____ |

What areas of the facility are you interested in using?

- | | | | |
|---------------------------------------------------|--------------------------------------------------------|---------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Cardiovascular Equipment | <input type="checkbox"/> Weight Conditioning Equipment | <input type="checkbox"/> Racquetball Courts | <input type="checkbox"/> Tennis Courts |
| <input type="checkbox"/> Squash Courts | <input type="checkbox"/> Pool | <input type="checkbox"/> Basketball Courts | <input type="checkbox"/> Track |

What services are you interested in using or learning more about?

- | | | | |
|--------------------------------------------------|--------------------------------------|-----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Aerobics/Group Exercise | <input type="checkbox"/> Intramurals | <input type="checkbox"/> Fitness Assessments | <input type="checkbox"/> Lifeguard/WSI Training |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Sport Clubs | <input type="checkbox"/> Nutrition/Weight | <input type="checkbox"/> Youth Tennis |
| <input type="checkbox"/> Youth Aquatics | <input type="checkbox"/> Childcare | <input type="checkbox"/> Strength Training | <input type="checkbox"/> Youth Camps |
| <input type="checkbox"/> Squash | <input type="checkbox"/> Safety | <input type="checkbox"/> Swim Lessons | <input type="checkbox"/> Massage Therapy |
| <input type="checkbox"/> Scuba | <input type="checkbox"/> Yoga | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Sailing/Windsurfing |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Challenge/Leadership | <input type="checkbox"/> Personal Training |
| Other _____ | Other _____ | Other _____ | Other _____ |

LIABILITY STATEMENT:

Participation in all fitness and recreation facilities and programs is on a voluntary basis. Northwestern University shall not be liable for any injuries, damage or other such losses which individuals may incur while using fitness and recreation facilities or participating in fitness and recreation programs.

I, the undersigned, specifically assume all risk of injury, damages, or other such losses while using fitness and recreation facilities or participating in any program, exercise or activity at Northwestern or on Northwestern's premises. I waive any and all claims against Northwestern University, its trustees, officers, agents, and employees for any such injuries, damages or other such losses.

X _____

Date ____/____/____

Emergency contact:

Name. _____ Relationship to you _____

Phone (____) _____ - _____

(please print)