Health Questionnaire

ANANDA STAUDENMANN

First name _____

Surname _____

Address _____

Date of Birth _____ Height _____ cm Weight ca. _____ kg

Telephone _____

E-Mail _____

Occupation _____

Do you do any sports? no ☐ yes ☐ since when? _____

What type of sport/exercise? _____

How often per week? ones ☐ 2 – 3 times per w.☐ more than 3 times ☐

What are your spoting goals? _____

How often will you make time for exercise each week? _____

Health issues (according to recommendations by the Swiss Society of Sports Medicine)

Has your doctor ever said that you have "something wrong with your heart" and recommended that you only exercise and play sports under medical supervision?

no ☐ yes ☐ Details: _____

Do you experience chest pain during physical exertion?

no ☐ yes ☐ Details: _____

Have you ever lost consciousness once or several times, or have you fallen once or several times due to dizziness?

no ☐ yes ☐ Details: _____

Do you have a bone or joint problem?

no ☐ yes ☐ Details: _____

Do you suffer from respiratory problems (e.g. asthma...)?

no ☐ yes ☐ Details: _____

Do you have back problems?

no ☐ yes ☐ Details: _____

How is your sleep?

good ☐ not good ☐ Details: _____

Based on personal experience or medical advice, are you aware of any reason that might prevent you from exercising or receiving complementary medical treatments without medical supervision?

no ☐ yes ☐ Details: _____

If you regularly take medication, suffer from metabolic disorders or are currently on a diet, please mention this at our first meeting.

Risk Factors			Further information
Diabetes	no ☐	yes ☐	
High blod lipid levels	no ☐	yes ☐	
Heart and circulatory problems	no ☐	yes ☐	
Do you smoke?	no ☐	yes ☐	

How did you find out about Ananda? _____

Place, Date Signature _____