## Health and Fitness Assessment Questionnaire (Vitality)



SECTION 1. DEMOGRAPHICS
.1 Details: Please print in capital letters using black ink and tick the relevant box(es).
First name
Surname
ID Number         Title         Birth Date         D         /         Y         Y         Y
Medical Aid Medical aid membership number
Work number         (         )         -         -         Home number         (         )         -
Cell phone number (
Email
SECTION 2. MEDICAL HISTORY
2.1 Family History: Do you have a family history (parents or siblings) of any of the following medical conditions?
Heart Disease Yes Before or at the age of 50 High Cholesterol Yes Before or at the age of 50
Insulin Dependant Diabetes Yes Before or at the age of 50 High Blood Pressure Yes Before or at the age of 50
Non Insulin Dependant Diabetes       Yes       Before or at the age of 50       Stroke       Yes       Before or at the age of 50
Peripheral Vascular Disease Yes Before or at the age of 50 Cancer Yes Before or at the age of 50
Type:
2.2. Personal Medical History: Have you suffered, or do you suffer from any of these medical conditions?
High Cholesterol     Yes     Heart Disease     Yes     Exercise Induced Asthma     Yes
Insulin Dependant Diabetes Yes Non Insulin Dependant Diabetes Yes Asthma Yes
High Blood Pressure     Yes     Peripheral Vascular Disease     Yes     Stroke     Yes
Cancer Yes Type:
Diagnosed by?   cardiologist  specialist physician  medical practitioner  blood test
<b>Diagnosed when?</b> in the past year 1 - 5 years ago > 5 years ago
Specific Intervention?  healthy dietary  medication  regular activity
habits
habits 2.3. Medication
habits 2.3. Medication Are you currently on medication for heart disease, peripheral vascular disease, cholesterol and/or blood pressure? Yes No
habits         2.3. Medication         Are you currently on medication for heart disease, peripheral vascular disease, cholesterol and/or blood pressure?         Yes         If yes, please write your medical condition, name of medication and dosages, below:
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Do you have clearance from your gynaecologist to perform this assessment?

🗌 Yes 🗌 No

-								
ECTION 3. HEALTH H	IABITS							
3.1.Smoking Status: Ple	ase tick the	appropriate box relat	ting to yo	ur smoking				
Never smoked	less than 3 months		hs	1 - 5 years		☐ 11 - 15 years		
How long have you been an	ex-smoker?	less than 1 year		🗌 6 - 10 years	s 🗌 mo	ore than 15 yea	ars	
Current smoker		20 per day		30 per day	🗌 > 30 pe	vr dov		
☐ < 10 per day ☐ Cigar						ng Tobacco		
For Smokers only: Plea				your current smoki				
I intend to become to	bacco free in t	the next 6 months.						
I am trying to becom	e tobacco free	, but I am not always su	ccessful.					
Although I am currer	ntly using tobac	co again, in the past I h	ave been t	obacco free for mo	e than 3 months.			
I confirm that I am a non-s 1. I do not smoke and have 2. I agree to inform my ins non-smoker, if they are 3. I agree to undergo an u-	e not smoked urers within 3 awarded withi	any tobacco products months of commenci in the same calendar y	ng smokir vear in whi	ng. I also agree to t ch I commenced s	the reversal of a moking.	ny points that m	-	
		Ple	ease sigi	n here to accept	this declarati	on.		
<ul> <li>3.2. Alcohol Use: Please r</li> <li>I don't have any alco</li> <li>Never more than 1 -</li> <li>3 - 4 drinks in a day,</li> <li>3 - 4 drinks in a day,</li> <li>3 or more drinks in a</li> </ul>	holic drinks 2 drinks per o only 2 - 3 per 4 times per m	ccasion or per day. month. onth	-					
3.3. Sleep: Please make t Undisturbed sleep Disturbed sleeping p In general, I wake Refreshed	attern, 1-2 nigl	-		isturbed sleeping p isturbed sleeping p		•		
<ul> <li>Stress Management</li> <li>Are you coping with yo</li> <li>No, and I have no</li> <li>No, but I intend to</li> <li>I am trying to cope</li> <li>Yes, I have been of</li> <li>Yes, I have been of</li> <li>Although I am not</li> </ul>	intention to i learn how to but I do not coping with m coping with m	mplement coping strate cope with my daily s t always cope success y daily stress, but for	stress in the stully. LESS the RE than 6	ne next 6 months. an 6 months.		3 months.		
Think about your eating habi food.		st year or so. Approxima	ately how of	iten do you eat eacl	n of the following	foods? Tick one b	pox for each	
1000.				Never/Once or ess than once	2-3 times	1-2 times	3-4 times	<b>F</b> (1)
Meat/Snack				ber month	per month	per week	per week	5+times pe week
Hamburgers or cheeseburg	ers							
Red meat, e.g. beef and mu	itton							
Fried chicken (with skin)								
Fried chicken (with skin) Hot dogs, frankfurters, salar	mi, Russians, s	ausages						
		-						
Hot dogs, frankfurters, salar	eese / olive loa	-						
Hot dogs, frankfurters, salar Cold meats, e.g. polony, ch	eese / olive loa	-						
Hot dogs, frankfurters, salar Cold meats, e.g. polony, che Salad dressing, mayonnaise	eese / olive loa	-						
Hot dogs, frankfurters, salar Cold meats, e.g. polony, ch Salad dressing, mayonnaise Margarine or butter	eese / olive loa	-						
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Hot dogs, frankfurters, salar Cold meats, e.g. polony, che Salad dressing, mayonnaise Margarine or butter Eggs Bacon or pork sausage Cheese or cheese spread Full-cream milk	eese / olive loa	-						
Hot dogs, frankfurters, salar Cold meats, e.g. polony, che Salad dressing, mayonnaise Margarine or butter Eggs Bacon or pork sausage Cheese or cheese spread Full-cream milk Potato chips ("slap chips")	eese / olive loa	-						

—					
	Never/Less		2-3 times per		
Fruit/Vegetables/Fibre	than once per week	about once per week	2-3 times per week	4-6 times per week	Every day
Brown rice / wholewheat pasta		· 🗆			
Fruit (not counting juice)					
Green salad					П
Potatoes with skin					
Dried beans,e.g baked beans, Kidney beans, legumes	H				H
Other vegetables	H				
High-fibre/bran cereal or high-fibre porridge or oat porrid	lge				H
Wholewheat, brown or high-fibre bread (e.g. rye)					H
Do you currently feel that you are following a healthy	/ diet?				
No, and I have no intention of following a health	-	months.			
No, but I intend to follow a healthy diet in the ne					
☐ I am trying to follow a healthy diet, but I am no ☐ Yes, I have been following a healthy diet, but fo		hs.			
Yes, I have been following a healthy diet for MO					
Although I am currently following a less healthy	diet, in the past I ha	ve followed a health	hy diet for more than	3 months.	
SECTION 4. PHYSICAL ACTIVITY ASSES	SMENT				
4.1. Current Physical Activity Levels: Please tick	_		ur current level of phy	ysical fitness.	
Poor Fair Acceptable	_		a facility and the solution	. ( <b>(f</b> )	
4.2. Work and/or daily activities: Please tick the not your leisure time physical activity.	box that best desc	ribes your activitie	es in the working day	/ {e.g. office and h	ome based} -
$\Box$ I sit down and do not walk about much.	🗌 l v	valk about a lot, bu	it do not carry heavy	loads.	
☐ I mostly walk and also lift heavy loads or climb	stairs.	lo heavy manual wo	ork and physically stra	ain myself.	
4.3. Physical Activity Status: A typical exercise s			exercise.		
Over the past three months I would describe r	,		least 2-3 sessions per	week"	
Occasionally active - "at least 1-4 sessions per month		ctive - "at least 3-4 se	-	week	
Somewhat active - "at least 1-2 sessions per week"		ery active - "more tha	n 4 sessions per week"		
Over the past three months, the duration of my exercise					mum of:
(Minimum) (Maximum) Column A Column B	On average, my to time for the week			vould describe the se sessions as:	
0-15 minutes 0-15 minutes	<60 minutes		🗌 Very light	t (seated activity)	
☐ 15-30 minutes ☐ 15-30 minutes ☐ 30-60 minutes ☐ 30-60 minutes	☐ 60-90 minute	es per week tes per week		housework)	
$\Box 1-2 \text{ hours} \qquad \Box 1-2 \text{ hours}$	2-3 hours p		Light swe	al	
>2 hours >2 hours	3-4 hours per >4 hours per		Uigorous		
4.4. Please tick only one of the six options that best descr			I to do regarding physic	al activity in the futur	e.
Are you moderately physically active?					
No, and I have no intention of becoming moder No, but I intend to become moderately physicall			iths.		
☐ I am trying to become moderately active, but m					
Yes, I have been moderately physically active, b					
Yes, I have been moderately physically active for	or MORE than 6 mor	iths.			
Although I am currently inactive, in the past I h	ave been physically a	active for more than	3 months.		
SECTION 5. EXERCISE PROGRAMME					
5.1. Please select ONE 12 week exercise progr	ramme				
A. Lose Weight *General Cardio + toning Lose Weight & w	alk 5-10km 🛛 L	ose weight & walk 10	)-15km 🗌 La	se weight & run 5-10	)km
Lose weight & run 21 km		ose weight & cycle 8		5	
B. Gain Weight (muscle)	_				
C. *Stay Healthy		• ·			
D. *Look after health condition	environm	•	cise in a gym or ho	me	
E. *Become generally fitter		□Gym	🗌 Home		
F. *Get bootcamp fit G. *Get my body back in shape	Noto: the a	norte enecific plar	ns are outdoor-speci	fic	
H. Improve my fitness for walking:	11016. 118 3				
☐ 5km ☐ 10km	🗌 15km	🗌 21km			
I. Improve my fitness for running:	_	_			
☐ 5km ☐ 10km	🗌 21km	🗌 42km			
J. Improve my fitness for cycling:	🗌 80km	🗌 100km	🗌 120k	m 🗆	200km
K. Improve my fitness for swimming:					
□ 600m □ 1000m	🗌 1600m				
L. Improve my fitness for triathlon:					

## 5.2 Please select the level of your exercise programme

Beginner (I am inactive / occasionally active)

□ Intermediate (I do 1-3 exercise sessions per week)

Advanced (I do more than 3 exercise sessions per week)

## Terms and conditions

I confirm that all details provided by me to Virgin Life Care (Pty) limited ("Virgin Life Care") are true, accurate and complete.

I acknowledge that the information which I supply to Virgin Life Care will be relied upon and used by the biokineticist conducting this health and fitness assessment. Should I not provide all the correct information it could be detrimental to my health by affecting the accuracy of the health report and the suitability of the exercise programme designed for me.

I understand that I will receive a personlised report and agree that my health insurer, life insurer, medical aid scheme, health care management company and/or any loyalty/reward programme associated with any of these entities ("the Corporate/s") may also receive a copy of my report. Virgin Life Care will not wilfully disclose personally identifiable information to any party other than the Corporate and only if there is an agreement between Virgin Life Care and the Corporate allowing this disclosure of information. I hereby authorise Virgin Life Care or a third party to use my personal data for research, statistical and related purposes once it has been depersonalised.

## Vitality Fitness Assessment

I do hereby consent to a health screening performed as part of the Vitality Fitness Assessment. I understand that it will include a Personal Health Review, blood pressure, height, weight and waist circumference measurements as well as a step test or bike test, flexibility tests and sit-up and push up tests. Cholesterol and glucose measurements can also be performed at my request for my own cost, however I am aware that Vitality points are not awarded for doing these tests. I consent to this information being given to Vitality for points allocation and research purposes.

I acknowledge that this is a screening assessment and should any of my test results fall outside of normal parameters, I am responsible for monitoring or further investigations that may be required.

I participate in the Health Assessment voluntarily and do not hold Discovery Vitality or the healthcare professionals liable for any damage or injury caused while doing so.

I agree that Virgin Life Care and its members, directors, officers, employees, representatives, agents, biokineticists and independent contractors ("Other Protected Parties") shall not be liable for any damages or loss arising out of death, injury, illness or trauma suffered by me or any other person as a result of the fitness assessment or disclosure of my personal information, including arising due to the negligent acts (excluding gross negligence) or omissions of Virgin Life Care or any Other Protected Party.

I and/or my estate indemnify/ies Virgin Life Care and the other Protected Parties against any claim for damages brought by any person including those arising due to the negligent acts or omissions of Virgin Life Care or any Other Protected Party.

If one or more of these terms are found to be unenforceable, I agree that such term shall be deemed to be severable from the remainder of these terms and the remaining terms of this agreement shall in all other respects remain in full force and effect.

Please do not sign below until you have read and understood these terms and conditions. If there is anything that you do not understand about these terms and conditions or the assessment then please ask us for a further explanation before you sign below.

	DATE DD - MM - YY
(client signature)	
Section 6: HEALTH MEASUREMENTS	
HEALTH MEASUREMENTS (OFFICE USE ONLY)	
BLOOD PRESSURE Systolic mmHg Diastolic	mmHg
BODY COMPOSITION Weight kg Height cm v	Waist cm
SKINFOLDS mm Triceps mm Subscapular	mm Suprailiac mm
AEROBIC TEST	
Step Test 25 cm	
	200 A
	age 4
Work (watts)	
Heart rate (bpm)	
1 min recovery heart rate: Duration of test:	
6MWT Distance (m) Max HR (bpm)	Max BP (mmHg)
1 min recovery BP (mmHg)	/ Duration of test
MUSCLE ENDURANCE Push-ups Crunches	
FLEXIBILITY         Sit & Reach       cm         Straight Leg Raise : Right	s Left degrees
*CHOLESTEROL (if known) *GLUCOSE (if known)	
Total Cholesterol mmol/L Total Glucose	mmol/L
*Vitality points are not allocated.	· · · · · ·
Assessor's Signature	
Practice Name	
	VLC_Vit_H&FA_questionnaire_26102011.pd