Outline and summaries personal information for designing a fitness training programme **(1A.1, 2A.P1, 2A.M1)**

Goal Setting- SMARTER Goal:

S-

M-

A-

R-

T-

E-

R -

**Short Term Goal:**

|  |  |
| --- | --- |
| Description | Example |
|  |  |

**Medium Term Goal:**

|  |  |
| --- | --- |
| Description | Example |
|  |  |

**Long Term Goal:**

|  |  |
| --- | --- |
| Description | Example |
|  |  |

**Aims:**

**Objectives:**

Personal Goal – Using the research you have gathered regarding goal setting, you need to set yourself a personal goal to achieve within your personal training programme, with aims and objectives to support this: **(2A.P1, 2A.M1, 2A.D1)**

Describe/Assess/Justify how your personal goal is a SMARTER goal: **(2A.P1, 2A.M1, 2A.D1)**

Describe why lifestyle and physical activity history is important when designing & carrying out a training programme (**2A.P1)**

Describe/Assess/Justify how you would use a Medical History Questionnaire to gather lifestyle and physical activity history **(2A.P1, 2A.M1, 2A.D1)**

Featherstone Fitness Suite PARQ

**Name: Age\_\_ Sex: M/F**

## Systolic Diastolic Resting heart rate Height: Weight\_\_\_\_\_\_\_

## MEDICAL INFORMATION

1. Are you female over 55 or male over 45 and not engaging in regular physical activity: Y N
2. Has your doctor ever said that you have a heart condition? Y N
3. Do you feel pain in your chest when you do physical activity? Y N
4. In the past month have you ever had chest pain when you were not Y N

doing physical activity?

1. Do you lose your balance because of dizziness or do you ever lose Y N

consciousness?

1. Do you have a bone or joint problem that could be made worse by Y N

a change in physical activity?

1. Is your doctor currently prescribing you drugs Y N

(e.g. water pills, Beta-Blockers) for your blood pressure or heart condition?

1. Are you taking any regular prescribed medication?…………………………. Y N
2. Do you know of any other reason why you should not do physical activity? Y N
3. Is there a history of heart disease in your family Y N
4. Are you currently following a regular exercise program and if so for how long and how many times a week? ……………………………………………………….

Please provide information relating to the following: (if not applicable please indicate by writing ‘n/a’)

* Any major surgery you have had in the last 10 years (if positive, use care)…………………………………………………
* Any major surgery you have had in the last 2 years (if positive, exercise care)………………………………………………………………………
* Any serious medical conditions you suffer from (e.g. diabetes, epilepsy) (if positive classify as with disease)…………………………………………………………………………………….
* Any minor medical condition you suffer from (e.g. asthma) (if positive, use care) ………………………………………………………………………………………………………..
* Any orthopaedic condition or injuries you may have (e.g. osteoporosis, arthritis, bursitis, sore joints, back pain) (if positive, refer)……………………………………….…………………
* Any prescribed medications or dietary supplements you are currently taking (please give details of the type and dosage of the prescription) (if positive, use care)…………….……………………………………………………………………
* Any allergies, especially to drugs (e.g. penicillin) (ensure that if required, this information is available to any emergency services)…………………………………………………………... …………………………………….………………………………………………………………….

Has your GP ever told you that you are overweight? Y N

**(Secondary risk factor)**

Has your GP ever told you that you have high blood pressure? Y N

**(CHD risk factor)**

Has your GP ever told you have high cholesterol? Y N

**(CHD risk factor)**

Do you smoke? Y N

**(CHD risk factor)**

If yes, how many cigarettes per day? …………….

Are you pregnant or post-partum less than six weeks? Y N

**(Refer)**

**DISCLAIMER**

I declare that to the best of my knowledge I have given the correct information. I understand the gym team are not

doctors and can’t give me medical advice. I understand that I need a full induction before I can use the equipment. The employees of Featherstone sports centre are not responsible for any damage that may arise from participation in physical activity in the centre.

Signature Date

Outline & describe the importance of FITT principles **(1A.3)**

The basic principles of training (FITT):

FITT Principles:

(Unit 1 Content)

F

I

T

T

In order to design your training programme, you need to describe/explain/justify how will you use training principles within your training programme **(2A.P3, 2A.M2, 2A.D1)**

Intensity (Target Zones, Heart Rate, Borg Scale, Relationship between Rpe & HR)

**Progressive Overload:**

**Specificity:**

**Individual Differences:**

**Variation:**

**Rest & Recovery:**

**Adaptation:**

**Reversibility:**

**Features of a safe design:**

**Pre Exercise:**

**Post Exercise:**

**Creativity within the programme:**

**Selection of appropriate training methods:**

