



Weightlift Well

Questionnaire and Informed Consent

Name: _____ Date: _____

Age: _____ Preferred Pronouns: _____ Height: _____ Weight: _____

WEIGHTLIFTING EXPERIENCE

1. Have you worked out and/or weightlifted in the past? If yes, how long?

- Never
- In the past, but not recently
- Less than 6 months
- 6 months to 1 year
- 1-3 years
- 3+ years

2. How often do you lift weights per week?

- 1-2 times
- 3-4 times
- 5-6 times
- 7+ times

3. What type of weightlifting do you primarily engage in or are interested in?

- Bodybuilding
- Powerlifting
- Olympic lifting
- General fitness
- Other (please specify): _____

4. What is your ideal environment to workout in? (Check all that apply)

- Home
- Gym
- Group classes
- Solo
- Outside
- Other: _____

5. What lifts are you interested in working on? (Check all that apply)

- Squat
- Deadlift
- Bench Press
- Overhead Press
- Clean & Jerk
- Snatch
- Other (please specify): _____

GOALS

6. What are your primary reasons for weightlifting? (Check all that apply)

- Increase strength
- Build muscle mass
- Improve endurance
- Improve technique
- Prepare for a competition
- Injury prevention/recovery
- Other (please specify): _____

7. Do you have any short-term weightlifting goals? (e.g., within the next 3-6 months)

- Yes (please specify): _____
- No

8. Do you have any long-term weightlifting goals? (e.g., within the next 1-2 years)

- Yes (please specify): _____
- No

9. What does an ideal schedule/program look like for you?

INJURY HISTORY

10. Have you experienced any of the following injuries related to weightlifting? (Check all that apply)

- Lower back pain
- Shoulder injury
- Knee injury
- Wrist/hand injury
- Elbow injury
- Other (please specify): _____

11. If yes, how did the injury occur? (e.g., during a specific lift or due to overuse)

12. Have you fully recovered from the injury?

- Yes
- No (please specify your current status): _____

13. Are you currently experiencing any pain or discomfort during lifts?

- Yes (please specify): _____
- No

14. Have you sought medical treatment for any weightlifting-related injury?

- a. Yes (please specify the treatment): _____
- b. No



**INFORMED CONSENT
FOR PARTICIPATION IN STRIDE PHYSIO'S "WEIGHTLIFT WELL"**

NAME: _____ DATE: _____

PURPOSE AND EXPLANATION OF PROCEDURE

Please initial after reading

_____ I hereby consent to voluntarily engage in an acceptable plan of Weightlift Well. I also give consent to be placed in personal fitness related activities which are recommended to me for improvement of dietary counseling, stress management, and health/fitness education activities. The levels of exercise I perform will be based upon my cardiorespiratory (heart and lungs) and muscular fitness. I understand that I may be required to undergo a 3-5 repetition max test before the start of my Weight Lift Well program to evaluate and assess my present level of strength. I will be given exact personal instructions regarding the amount and kind of exercise I should do.

_____ I understand that a professionally trained physical therapist will provide guidance to direct my activities, monitor my performance, and evaluate my effort. Depending upon my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits.

_____ If I am taking prescribed medications or if a health condition status changes, I will inform the program staff and promptly update them of any changes.

_____ I have been informed that during my participation in the above-described Weightlift Well program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At this point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the Weightlift Well program personnel of my symptoms, should any develop.

_____ I understand that during the performance of exercise, a physical therapist will periodically monitor my performance and, perhaps, measure my pulse, blood pressure, or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the physical therapist may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit.

_____ During the performance of my Weight Lift Well program, physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.

RISKS

_____ It is my understanding and I have been informed that there exists the remote possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and in very rare instances heart attack, stroke, or even death.

_____ I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. Every effort, I have been told, will be made to minimize these occurrences by proper staff assessments of my condition before each personal fitness training session, staff supervision during exercise and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke or even death, but knowing these risks, it is my desire to participate as herein indicated.

BENEFITS TO BE EXPECTED AND ALTERNATIVES AVAILABLE TO EXERCISE

_____ I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the Weight Lift Well sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program instructions, that I will likely improve my exercise capacity and fitness level after a period of 3-6 months.

CONFIDENTIALITY AND USE OF INFORMATION

_____ I have been informed that the information which is obtained in this Weight Lift Well program will be treated as privileged and confidential and will consequently not be released or revealed to any person, to the use of any information which is not personally identifiable with me for research and statistical purposes so long as same does not identify my person or provide facts which could lead to my identification. Any other information obtained, however, will be used only by the program staff to evaluate my exercise status or needs.

INQUIRIES AND FREEDOM OF CONSENT

_____ I have been given an opportunity to ask questions as to the procedures.

By signing this Informed Consent form, I attest that I fully understand its terms and sign it freely and voluntarily, without inducement.

Signature: _____