APPENDIX – I

HEALTH HISTORY QUESTIONNAIRE

Research Title: The Effect of Relative Isotonic Resistance Training on Selected Physical, Anthropometrical, Haematological and Biochemical Variables Among Nonathletes

Investigator: D. Sundararaj, Ph.D. Scholar, University of Madras

Institution: YMCA College of Physical Education
Nandanam
Chennai – 25.

This questionnaire is designed to obtain information on the health status of the subjects participating for the research study. The information will be kept strictly confidential.

I. Demographic Information

Date __________________

Subject’s Name ____________________
Phone (Home) ____________

Address: ________________________________
_____________________________ Pin Code: ____________

Personal Physician _________________
Phone ______________________

Age ______ Date of Birth _____ Month _____ Day ______ Year

Class _____________________________

Institution ____________________________
Phone (_____)________________
In case of emergency, contact:

__________________________ Phone ____________________

Health Insurance Carrier
Policy Number

II. Medical History

Identify any medical problems (cardiovascular, respiratory, neuromuscular, metabolic) that you had:


III. Surgical History

Indicate any operation that you had (Be Specific)

__________________________ Date ________________

__________________________ Date ________________

__________________________ Date ________________

IV. Medications

Are you taking any prescription medicines? If so, name them below:

Name of the Drug

__________________________

__________________________

__________________________

Dosage

__________________________

__________________________

__________________________

V. Indicate any other risk factors:

________________________________________________________________________

Signature: ___________________________

Name of the Subject: ___________________________

VI. Verification by the Physician: Fit to participate / Unfit to Participate in the research training programme

Name of the Physician & Designation

Signature
APPENDIX – II
PHYSICAL ACTIVITY QUESTIONNAIRE

YMCA College of Physical Education,
Nandanam, Chennai – 35.

D. Sundararaj
Investigator's Name

Subject's Name

Subject Code

Age : __________
Years

Have you participated or trained in any sports or games: Yes / No

If yes, what type of physical activity/activities do you participate in? Please check the activities that you compete in.

- [ ] Running
- [ ] Walking
- [ ] Endurance or Short Distance Events
- [ ] Weight Training or Resistance Training
- [ ] Or any scheduled Training Programme
- [ ] Others (please specify) _______________________________________________________

State the number of years you have been training

(years and months)
How many hours per week do you train or participate in your sport?
________________________ (hours per week)

Have you recently stopped your training due to an injury or for any other reason(s)? Yes / No.

If yes, for how long? __________________________

I, __________________________ certify that the information given above is correct.

Date                                      Signature of the subject