HEALTH-HISTORY QUESTIONNAIRE

Name:_____ Phone (H):_____

Address:_____

City:_____ ZIP: _____

Emergency Contact:_____ Emergency Phone: _____

Personal Physician: _____

DOB:_____ Age:_____ Sex: ❑ M ❑ F Physician's Phone: _____

SECTION I. MEDICAL HISTORY

1. Mark any of the following for which you have been diagnosed or treated:

____ Kidney problem	____ Heart problem	____ Phlebitis	____ Concussion
____ Mononucleosis	____ Cirrhosis, liver	____ Stroke	____ Asthma

2. Mark any medications taken in the last 6 months:

____ Blood thinner	____ Epilepsy medicine	____ Nitroglycerin	____ Cholesterol medicine
____ Diabetes medicine	____ Heart rhythm medicine	____ Insulin	____ Other
____ Blood pressure medicine	____ Diuretic (water pill)	____ Digitalis	

3. List any surgeries you have had in the past (e.g., knee, heart, or back):

_____

_____

_____

4. Have you ever had back problems, any problems with joints (knee, hip, shoulder, elbow, or neck), or been diagnosed with arthritis? _____ If yes, describe:

_____

_____

_____

5. Do you have any other medical conditions or health problems that may affect your exercise plan or safety in any way? _____ If yes, describe:

_____

_____

_____

SECTION II. CARDIOPULMONARY AND METABOLIC SYMPTOMS

YES	NO	
❑	❑	Do you ever get unusually short of breath with very light exertion?
❑	❑	Do you ever have pain, pressure, heaviness, or tightness in the chest area?
❑	❑	Do you regularly have unexplained pain in the abdomen, shoulder, or arm?
❑	❑	Do you ever have dizzy spells or episodes of fainting?
❑	❑	Do you ever feel "skips," palpitations, or runs of fast or slow heartbeats in your chest?
❑	❑	Has a physician ever told you that you have a heart murmur?
❑	❑	Do you regularly get lower-leg pain during walking that is relieved with rest?
❑	❑	Do you have any joints that often become swollen and painful? Where:_____

SECTION III. CARDIOPULMONARY/METABOLIC DISEASE

❑ YES ❑ NO Have you ever had a heart attack, bypass surgery, angioplasty, or been diagnosed with coronary artery disease or other heart disease?
If yes, describe:

_____

_____

_____

❑ YES ❑ NO Do you have emphysema, asthma, or any other chronic lung condition or disease?

_____

_____

❑ YES ❑ NO Are you an insulin-dependent diabetic?

_____

_____

SECTION IV. CORONARY RISK FACTOR PROFILE

❑ YES ❑ NO Have you had high blood pressure (≥140 mmHg systolic or ≥90 mmHg diastolic) on more than one occasion?

_____

Please list any medications you take for high blood pressure:

_____

_____

❑ YES ❑ NO Have you ever been told that your blood cholesterol was high (200 mg/dL or higher)?
Cholesterol level_____

❑ YES ❑ NO Do you currently smoke 10 or more cigarettes per day?
cigarettes/day_____ years smoked_____

❑ YES ❑ NO Have you ever been told that you have high blood sugar or diabetes? If yes, describe:

_____

_____

❑ YES ❑ NO Has anyone in your immediate family (parents and siblings) had any heart problems or coronary disease before age 55? If yes, describe:

_____

_____

❑ YES ❑ NO Do you feel you are more than 20 lb (9 kg) overweight?
What do you feel is your realistic ideal weight? _____

SECTION V. FITNESS

Circle the average number of times per week you participate in planned moderate-to-strenuous exercise of at least 20 minutes duration (e.g., brisk walking, jogging, cycling, swimming, stair climbing, weightlifting, active sports such as tennis, or aerobic classes).

0 1 2 3 4 5 6 7 8 9 10

❑ YES ❑ NO Can you briskly walk 1 mile without fatigue?

❑ YES ❑ NO Can you jog 2 miles continuously at a moderate pace without discomfort?

❑ YES ❑ NO Can you do 20 push-ups?

Please list your body weight (circle the appropriate units):

Now: _____lb/kg 1 year ago: _____lb/kg Age 21:_____lb/kg

SECTION VI. LIFESTYLE AND BEHAVIORAL

1. Describe any aerobic exercise you have done in the past (what, when, how often, and for how long). _____

_____

_____

2. Describe any muscular strength/weight training you have done in the past (what, when, how often, and for how long)._____

_____

_____

3. List any major obstacles that you feel you will have to overcome to stick with your exercise plan long-term (e.g., what has stopped you in the past).

_____

_____

_____

4. Have you ever participated in aerobic or aerobic step classes? ☐ Yes ☐ No

5. Please list any recreational physical activities (e.g., tennis or golf) in which you regularly participate and how often.

_____

_____

_____

6. List any favorite activities you would like to include in your exercise plan. _____

_____

_____

7. List any activities that you definitely do not like and do not want to include._____

_____

_____

_____

8. Which do you prefer? ☐ Group exercise ☐ Exercising on your own

9. List the two most important goals or reasons why you want to exercise regularly. _____

_____

_____

10. Your occupation:_____

11. Do you spend more than 25% of work time doing the following (mark all that apply)?

☐ Sitting at a desk ☐ Lifting/carrying loads ☐ Standing ☐ Driving ☐ Walking

12. Number of hours worked per week: _____Hours Any flexible hours? ☐ Yes ☐ No

13. Write in the best exercise times for you during a typical week.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
AM							
PM							

14. Where do you plan to exercise? ☐ Club ☐ Home ☐ Outside

Other_____

15. If at home, list all available equipment.

_____

_____

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