

HEALTH STATUS QUESTIONNAIRE

Instructions

Please complete each question as accurately as possible. All information is confidential.

Part 1. General Information

Date _____

1. Client Name _____ Preferred Nickname _____
Mailing Address _____ Phone (H) _____
_____ Phone (W) _____
2. Personal Physician _____ Phone _____
Physician Address _____

3. Person to contact in case of emergency _____ Phone _____
4. Gender (Circle one): Female Male
5. Date of Birth ____/____/____

Part 2. Medical History

6. Circle any who died of heart attack before age 50:
Father Mother Brother Sister Grandparent
7. Date of: Last medical physical exam: _____
Last physical fitness test: _____
8. Circle any operations that you've had:
Back *SLA* Heart *MC* Kidney *SLA* Eyes *SLA* Neck *SLA*
Ears *SLA* Hernia *SLA* Lung *SLA* Other _____
9. Circle all medication taken in last 6 months:
Blood thinner *MC* Epilepsy medication *SEP* Nitroglycerin *MC*
Diabetic *SEP* Heart rhythm medication *MC* Other _____

Digitalis *MC* High blood pressure medication *MC*
Diuretic *MC* Insulin *MC*

10. Please check all that apply

- Recent illness, hospitalization or surgical procedure
- Heart attack, coronary bypass, cardiac surgery or stroke
- Abnormal resting or stress ECG
- Uneven, irregular or skipped heart beats (including a racing or fluttering heart)
- Abnormal blood lipids
- Family history of coronary or other atherosclerotic disease prior to age 55
- Diabetes Mellitus
- High blood pressure
- Phlebitis emboli
- Pulmonary disease (asthma, emphysema and bronchitis)
- Rheumatic fever
- Light headedness or fainting
- Chest pain at rest or exertion
- Unusual shortness of breath
- Orthopedic problems (arthritis or any bone, joint or muscle problems)
- Emotional disorders
- Medications
- Drug allergies

11. Please indicate any other medical or physical limitations or restrictions your doctor has recommended.

Part 3. Health-related behaviors

12. Do you now smoke? Yes No

13. If you are a smoker, indicate the number smoked per day:
 Cigarettes: 40 or more 20-39 10-19 1-9
 Cigars or pipes only: 5 or more or any inhaled less than 5
14. Do you exercise regularly: Yes No
15. How many days a week do you accumulate 30 minutes of moderate activity?
 0 1 2 3 4 5 6 7 days per week
16. How many days per week do you normally spend at least 20 minutes in vigorous exercise?
 0 1 2 3 4 5 6 7 days per week
17. Can you walk 4 miles briskly without fatigue? Yes No
18. Can you jog 3 miles at a moderate pace without discomfort Yes No
19. Weight now: _____lb. One year ago: _____lb. Age 21: _____lb.
20. How much sleep do you average per night? _____
21. How many glasses of water do you drink each day? _____

Part 4. Health-related attitudes

22. These are traits that have been associated with coronary-prone behavior. Circle the number that corresponds to how you feel towards the following statement:

I am an impatient, time-conscious, hard-driving individual.

Circle the number that best describes how you feel:

- | | | |
|---|---|---------------------|
| 6 | = | Strongly agree |
| 5 | = | Moderately agree |
| 4 | = | Slightly agree |
| 3 | = | Slightly disagree |
| 2 | = | Moderately disagree |
| 1 | = | Strongly disagree |

23. List everything not included on this questionnaire that may cause you problems in a fitness test or fitness program:

Code for HSQ:

EI = Emergency Information must be readily available

MC = Medical Clearance needed-do not allow exercise without physician's permission

SEP = Special Emergency Procedure-do not allow participant to exercise alone

RF = Risk Factor for CHD

SLA = Special or Limited Activities may be needed-may exclude or modify specific exercises