

Health History Questionnaire

Date:

Last Name:

First Name:

Sex: Male Female

Age: Date of Birth:

Height: Weight:

Yes No Has your doctor ever said you have a heart condition and that you should only do physical exercise recommended by a doctor?

Yes No Do you feel pain in your chest when you do physical activity?

Yes No In the past month, have you had chest pain when you were **not** doing physical activity?

Yes No Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes No Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Yes No Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

Yes No Do you know of any other reason why you should not do physical activity?

- Yes No Do you have any of the following (check applicable)
- Back Pain
 - Joint Pain
 - Lung Disease (Asthma, Emphysema, Other)
 - Diabetes (Type I or Type II)

Please list any medications that you are currently taking:

| | |
|---------------------|---------|
| Name of medication: | Reason: |
| Name of medication: | Reason: |
| Name of medication: | Reason: |
| Other: | |

- Yes No Has anyone in your immediate family (parent, sibling, etc.) had a heart attack or other heart related problems before the age of 50?

If yes, please explain:

- Yes No Are you pregnant?

- Yes No Do you smoke?

If yes, would you like to quit?

- Yes No Do you drink alcoholic beverages?

- Yes No Are you presently exercising a minimum of two times per week for at least 20 minutes at a time?

Check which activities you are participating in:

- | | |
|--|---|
| <input type="checkbox"/> Running | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Brisk walking | <input type="checkbox"/> Racquet sports |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Cross country skiing |
| <input type="checkbox"/> Aerobic dance | <input type="checkbox"/> Weight training |
| <input type="checkbox"/> Other: | |

Total minutes engaged in aerobic activity per week:

- Less than 40
- 40-60 minutes/week
- 61-80 minutes/week
- 100+ minutes/week

Yes No Have you had your cholesterol measured within the past year?

If yes, please check applicable box:

- Yes – below 200 Yes – above 200 Yes – do not know value

Yes No Do you eat from the four major food groups?

Yes No Is your diet high in saturated fat? (dairy, meat, fried foods)

What best describes the present amount of stress that you experience on a daily basis?

- | | |
|---|---|
| <input type="checkbox"/> No stress | <input type="checkbox"/> Occasional moderate stress |
| <input type="checkbox"/> Frequent moderate stress | <input type="checkbox"/> Frequent high stress |
| <input type="checkbox"/> Constant high stress | <input type="checkbox"/> |

What specific goals would you like to attain? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Lose weight | <input type="checkbox"/> Improve cardio fitness |
| <input type="checkbox"/> Improve flexibility | <input type="checkbox"/> Reduce stress |
| <input type="checkbox"/> Lower cholesterol | <input type="checkbox"/> Improve nutrition |
| <input type="checkbox"/> Improve at your sport | <input type="checkbox"/> Improve muscle conditioning |
| <input type="checkbox"/> Reduce low back pain | <input type="checkbox"/> To feel better overall |
| <input type="checkbox"/> Make new friends | <input type="checkbox"/> Learn how to improve overall health |
| <input type="checkbox"/> Other: | |

Any additional information you wish to share:

Important notes:

- If you answered Yes to one or more question(s), talk with your doctor by phone or in person *before* you have a fitness appraisal.
- If you answered No to all questions, you can be reasonably sure that you can become more physically active. Begin slowly and build up gradually. This is the safest and easiest way to go.
- Suggestion: take part in a fitness appraisal. This is an excellent way to determine your basic fitness level. Then you can plan the best activities for your level.
- Download and sign the waiver and bring it to your fitness appraisal and/or first class.

Thank you,

Sylvia Greene
Passion To Move