HEALTH STATUS QUESTIONNAIRE

SECTION ONE - GENERAL INFORMATION

1. Date_____

2. Name_____

3. Mailing Address_____ Phone (H)_____

   _____ Phone (W)_____

   Email _____

4. *EI* Personal Physician_____ Phone_____

   Physician Address_____ Fax_____

   _____

5. *EI* Person to contact in case of emergency_____ Phone_____

6. Gender (circle one): Female ○ Male *RF* ○

7. *RF* Date of birth_____/_____/_____

8. Height _____ Weight _____

9. Number of hours worked per week: Less than 20 ○ 20-40 ○ 41-60 over 60 ○

10. *SLA* More than 25% of the time at your job is spent (circle all that apply)

    ○ Sitting at desk ○ Lifting loads ○ Standing ○ Walking ○ Driving

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SECTION TWO - CURRENT MEDICAL INFORMATION

11. Date of last medical physical exam:_____

12. Circle all medicine taken of prescribed in last 6 months:

    ☐ Blood thinner *MC*
    ☐ Diabetic *MC*
    ☐ Digitalis *MC*
    ☐ Diuretic *MC*
    ☐ Epilepsy medication *SEP*
    ☐ Heart rhythm medication *MC*
    ☐ High blood pressure medication *MC*
    ☐ Insulin *MC*
    ☐ Nitroglycerin *MC*
    Other_____

13. Please list any orthopedic conditions. Include any injuries in the last six months

    _____

14. Any of these health symptoms that occur frequently (two or more times/month) requires medical attention. Please check any that apply.

a. ☐ Cough up blood *MC*
b. ☐ Abdominal pain *MC*
c. ☐ Low-back pain *MC*
d. ☐ Leg Pain *MC*
e. ☐ Arm or shoulder pain *MC*
f. ☐ Chest pain *RF MC*
g. ☐ Swollen joints *MC*
h. ☐ Feel faint *MC*
i. ☐ Dizziness *MC*
j. ☐ Breathlessness with slight exertion *MC*
k. ☐ Palpitation or fast heart beat *MC*
l. ☐ Unusual fatigue with normal activity *MC*

Other_____

SECTION THREE - MEDICAL HISTORY

15. Please circle any of the following for which you have been diagnosed or treated by a physician or health professional:

☐ Alcoholism *SEP*
☐ Anemia, sickle cell *SEP*
☐ Anemia, other *SEP*
☐ Asthma *SEP*
☐ Back strain *SLA*
☐ Bleeding trait *SEP*
☐ Bronchitis, chronic *SEP*
☐ Stroke *MC*
☐ Thyroid problem *SEP*
☐ Ulcer *SEP*
☐ Congenital defect *SEP*
☐ Diabetes *SEP*
☐ Emphysema *SEP*
☐ Epilepsy *SEP*
☐ Eye problems *SLA*
☐ Gout *SLA*
☐ Hearing loss *SLA*
☐ Heart problems *MC*
☐ Cancer *SEP*
☐ Cirrhosis *MC*
☐ Concussion *MC*
☐ Hyperlipidemia *RF*
☐ Kidney problem *MC*
☐ Mental illness *SEP*
☐ Neck strain *SLA*
☐ Obesity *RF*
☐ Phlebitis *MC*
☐ Rheumatoid arthritis *SLA*
☐ Stress *RF*
☐ High blood pressure *MC*
☐ HIV *SEP*
☐ Hypoglycemia *SEP*
Other_____

16. Circle any operations that you have had:

☐ Back *SLA* ☐ Heart *MC* ☐ Kidney *SLA* ☐ Eyes *SLA* ☐ Joint *SLA* ☐ Neck *SLA*

☐ Ears *SLA* ☐ Hernia *SLA* ☐ Lung *SLA* Other_____

17. *RF* Circle any who died of heart attack before age 55:

☐ Father ☐ Brother ☐ Son

18. *RF* Circle any who died of heart attack before age 65:

☐ Mother ☐ Sister ☐ Daughter

SECTION FOUR - HEALTH-RELATED BEHAVIORS

19. Have you ever smoked? Yes ◯ No ◯

20. *RF* Do you now smoke? Yes ◯ No ◯

21 .*RF* 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

22. *RF* Do you exercise regularly? Yes ◯ No ◯

23.. Last physical fitness test:_____

24. How many days a week do you accumulate 30 minutes of moderate activity?

0 1 2 3 4 5 6 7 days per week

25. 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

26. What activities do you engage in a least 1x per week?

_____

27. Weight now:_____lb. One year ago:_____ Age 21:_____

SECTION FIVE - HEALTH-RELATED ATTITUDES

28. 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

29. How often do you experience "negative" stress from each of the following:

	Always	Usually	Frequently	Rarely	Never
Work:	☐	☐	☐	☐	☐
Home or family :	☐	☐	☐	☐	☐
Financial pressure:	☐	☐	☐	☐	☐
Social pressure:	☐	☐	☐	☐	☐
Personal health	☐	☐	☐	☐	☐

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

_____

_____

_____

_____

Action Codes

EI = Emergency Information- must be readily available
MC= Medical Clearance needed-do not allow exercise without physician's permission.
SEP= Special Emergency Procedures needed- do not let participant exercise alone; make sure the person's exercise partner knows what to do in case of an emergency
RF= Risk Factor of CHD (educational materials and workshops needed).
SLA= Special or Limited Activities may be needed- you may need to include or exclude specific exercises.
Other (not marked) = Personal information that may be helpful for files or research.