# 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.	<i>EI</i> Person to contact in case		Phone				
6.	Birth Sex (circle one): Fema	le Male <i>RF</i>					
7.	<i>RF</i> Date of birth	//					
8.	Height	Weight					
9.	Number of hours worked pe	r week: Less than 20	20-40	41-60 over 60			
10	<i>SLA</i> More than 25% of the t	ime at your job is spent (cire	cle all that apply	y)			
	Sitting at desk	Lifting loads	Standing	Walking	Driving		
SE	CTION TWO - CURREN	T MEDICAL INFORMAT	ION				
11.	Date of last medical physica	l exam:					
12	Circle all medicine taken of	prescribed in last 6 months:					
	Blood thinner <i>MC</i> Diabetic <i>MC</i> Digitalis <i>MC</i> Diuretic <i>MC</i>	Epilepsy medication SEP Heart rhythm medication High blood pressure medi Insulin MC		Nitroglycerin <i>MC</i> 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 <i>MC</i>	g Swollen joints MC
b Abdominal pain <i>MC</i>	h Feel faint <i>MC</i>
c Low-back pain <i>MC</i>	i Dizziness MC
d Leg Pain <i>MC</i>	j Breathlessness with slight exertion MC
e Arm or shoulder pain <i>MC</i>	k Palpitation or fast heart beat <i>MC</i>
f Chest pain <i>RF MC</i>	l Unusual fatigue with normal activity <i>MC</i>
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 SE Emphysema Epilepsy SE Eye problem Gout SLA Hearing loss Heart proble Cancer SEP Cirrhosis M Concussion Hyperlipide	a SEP CP ns SLA s SLA ems MC C MC	Mental illness Neck strain SL Obesity RF Phlebitis MC Rheumatoid ar Stress RF High blood pre HIV SEP Hypoglycemia	Phlebitis <i>MC</i> Rheumatoid arthritis <i>SLA</i> Stress <i>RF</i> High blood pressure <i>MC</i>					
16. Circle any operations that you h	ave had:								
Back <i>SLA</i> Heart <i>MC</i>	Kidney SLA	Eyes SLA	Joint SLA	Neck SLA					
Ears SLA Hernia SLA	Lung SLA	Other							
17. <i>RF</i> Circle any who died of heart attack before age 55: Father Brother Son									
18. <i>RF</i> Circle any who died of heart attack before age 65:									
	Mother	Sister	Daughter						

#### SECTION FOUR - HEALTH-RELATED BEHAVIORS

19.	Have you ever smoked	d? \	Yes			No			
20.	<i>RF</i> Do you now smoke	?	Yes			No			
21 . <i>RF</i> If you are a smoker, indicate the number smoked per day:									
	Cigarettes: 40 or more 20-3910-19			1-9					
	Cigars or pipes only:5 or more or any inhaled less than 5								
22.	22. <i>RF</i> Do you exercise regularly? Yes No								
23	23 Last physical fitness test:								
24.	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.

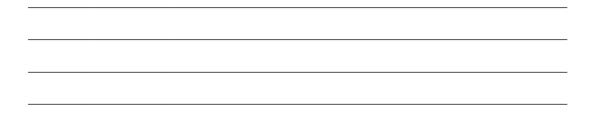
Circle the number that best describes how you feel:

6= Strongly agree	3= Slightly disagree
5= Moderately agree	2= Moderately disagree
4= Slightly agree	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**

**<u>EI</u>** = Emergency Information- must be readily available

 $\overline{\mathbf{MC}}$  = 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

**<u>RF</u>**= Risk Factor of CHD (educational materials and workshops needed).

**<u>SLA</u>**= 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.