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. Birth Sex (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

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* Epilepsy medication *SEP* Nitroglycerin *MC*
    Diabetic *MC* Heart rhythm medication *MC* Other_____________________
    Digitalis *MC* High blood pressure medication *MC*
    Diuretic *MC* Insulin *MC*

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 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:

____

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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.