



## Health Status Questionnaire

### Part 1. Information about the individual

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Personal Physician \_\_\_\_\_

Physician Phone \_\_\_\_\_

Physician Address \_\_\_\_\_

Gender  Male  Female

Date of Birth \_\_\_\_\_ (month/day/year)

Number of hours worked per week:  less than 20  20-40  41-60  Over 60

More than 25% of time spent on job:

Sitting at desk  Lifting or carrying loads  Standing  Walking  Driving

### Part 2. Medical history

Check any who died of heart attack before age 50:

Father  Mother  Brother  Sister  Grandparent

Date of

Last medical physical exam: \_\_\_\_\_ year

Last physical fitness test: \_\_\_\_\_ year

Check operations you have had:

Back     Heart     Kidney     Eyes     Joint     Neck

Ears     Hernia     Lung     Other \_\_\_\_\_

Check any of the following for which you have been diagnosed or treated by a physician or health professional:

Alcoholism                       Diabetes                       Kidney problem

Anemia                               Emphysema                       Mental illness

Asthma                               Epilepsy                       Neck strain

Back strain                       Eye problems                       Obesity

Bleeding trait                       Gout                       Phlebitis

Bronchitis, chronic                       Hearing loss                       Rheumatoid arthritis

Cancer                               Heart problem                       Stroke

Cirrhosis                               High blood pressure                       Thyroid problem

Concussion                               Hypoglycemia                       Ulcer

Congenital defect                       Hyperlipidemia                       Other \_\_\_\_\_

Check all medicine taken in last 6 months:

Blood thinner                       Epilepsy medication                       Nitroglycerin

Diabetic                               Heart rhythm medication                       Other \_\_\_\_\_

Digitalis                               High blood pressure medication

Diuretic                               Insulin

Any of these health symptoms that occur frequently is the basis for medical attention.

Write the number in the blank indicating how often you have each of the following:

5 = Very often

4 = Fairly often

3 = Sometimes

2 = Infrequently

1 = Practically never

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

**Part 3. Health-related behavior**

Do you now smoke? \_\_ Yes \_\_ No

If you are a smoker, indicate 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, none inhaled

Do you exercise regularly? \_\_ Yes \_\_ No

How many days per week do you accumulate 30 minutes of moderate activity?

\_\_ days per week

How many days per week do you normally spend at least 20 minutes in vigorous

activity? \_\_ days per week

Can you walk 4 miles briskly without fatigue? \_\_ Yes \_\_ No

Can you jog 3 miles continuously at a moderate pace without discomfort? \_\_ Yes \_\_ No

Weight now: \_\_\_\_\_ lbs. One year ago: \_\_\_\_\_ lbs. Age 21: \_\_\_\_\_ lbs.

**Part 4. Health-related attitudes**

These are traits that have been associated with coronary-prone behavior. Write the number that corresponds to how you feel:

6 = Strongly agree

5 = Moderately agree

4 = Slightly agree

3 = Slightly disagree

2 = Moderately disagree

1 = Strongly disagree

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

List everything not already included on this questionnaire that might cause you problems in a fitness test or fitness program: