

## FORM 3.2 Health Status Questionnaire

This questionnaire identifies adults for whom physical activity might be inappropriate or adults who should seek physician consultation before beginning a regular physical activity program.

### *Section 1 Personal and Emergency Contact Information*

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Person to contact in case of emergency

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### *Section 2 General Medical History*

Please check the following conditions you have experienced.

#### *Heart History*

- |  |   |
|--|---|
| <input type="checkbox"/> Heart attack                | <input type="checkbox"/> Cardiac rhythm disturbance |
| <input type="checkbox"/> Heart surgery               | <input type="checkbox"/> Heart valve disease        |
| <input type="checkbox"/> Cardiac catheterization     | <input type="checkbox"/> Heart failure              |
| <input type="checkbox"/> Coronary angioplasty (PTCA) | <input type="checkbox"/> Heart transplantation      |
| <input type="checkbox"/> Cardiac pacemaker           | <input type="checkbox"/> Congenital heart disease   |

#### *Symptoms*

- You experience chest discomfort with exertion.
- You experience unreasonable shortness of breath at any time.
- You experience dizziness, fainting, or blackouts.
- You take heart medications.

#### *Additional Health Issues*

- You have asthma or other lung disease (e.g., emphysema).
- You have burning or cramping sensations in your lower legs with minimal physical activity.

- \_\_\_\_\_ You have joint problems (e.g., arthritis) that limit your physical activity.
- \_\_\_\_\_ You have concerns about the safety of exercise.
- \_\_\_\_\_ You take prescription medications.
- \_\_\_\_\_ You are pregnant.

### ***Section 3 Risk Factor Assessment***

#### *Risk Factors for Coronary Heart Disease*

- \_\_\_\_\_ You are a man older than 45 yr.
- \_\_\_\_\_ You are a woman older than 55 yr, have had a hysterectomy, or are postmenopausal.
- \_\_\_\_\_ You have diabetes (type 1 or type 2).
- \_\_\_\_\_ You smoke or you quit smoking within the previous 6 mo.
- \_\_\_\_\_ Your blood pressure is >140/90 mmHg.
- \_\_\_\_\_ Your blood cholesterol is >200 mg · dl<sup>-1</sup>.
- \_\_\_\_\_ You have a close male blood relative (father or brother) who had a heart attack or heart surgery before the age of 55 or a close female blood relative (mother or sister) who had a heart attack or heart surgery before the age of 65.
- \_\_\_\_\_ You are physically inactive (you get <30 min of physical activity at least 3 days per wk).
- \_\_\_\_\_ Your waist circumference is >40 in. (101.6 cm in men) or >35 in. (88.9 cm in women).

### ***Section 4 Medications***

Are you currently taking any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list all of your prescribed medications and how often you take them, whether daily (D) or as needed (PRN). \_\_\_\_\_

\_\_\_\_\_

Of the medications you have listed, are there any you do not take as prescribed?

\_\_\_\_\_

### ***Section 5 Physical Activity Patterns and Objectives***

List the type, frequency, intensity (e.g., low, moderate, strenuous), and duration of your weekly exercise. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List your specific goals for your exercise program. \_\_\_\_\_

\_\_\_\_\_

**Please inform the fitness professional immediately of any changes that occur in your health status.**

***Patient Information Release Form***

If you have answered yes to questions indicating that you have significant cardiac, pulmonary, metabolic, or orthopedic problems that may be exacerbated with exercise, you agree it is permissible for us to contact your physician regarding your health status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fitness staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by fitness professional (circle one):

AHA/ACSM risk stratification: Low Moderate High Physician consent: Yes No

From E.T. Howley and B.D. Franks with G. Moore, 2007, *Fitness Professional's Handbook Instructor Guide, Fifth Edition*. (Champaign, IL: Human Kinetics.)