



Medical/Health Status Questionnaire

On this questionnaire, a number of questions regarding your physical health are to be answered. Please answer every question as accurately as possible so that a correct assessment can be made. Please place a check in the space to the left of the question to answer "Yes." Leave blank if your answer is "No." Please ask if you have any questions. Your responses will be treated in a confidential manner.

Today's Date: ____/____/____ Your Name: _____

Medical Screening

- Do you have any personal history of heart disease (coronary or atherosclerotic disease)?
- Any personal history of diabetes or other metabolic disease (thyroid,renal,liver)?
- Any personal history of pulmonary disease, asthma, interstitial lung disease or cystic fibrosis?
- Have you experienced pain or discomfort in your chest apparently due to blood flow deficiency?
- Any unaccustomed shortness of breath (perhaps during light exercise)?
- Have you had any problems with dizziness or fainting?
- Do you have difficulty breathing while standing or sudden breathing problems at night?
- Have you experienced a rapid throbbing or fluttering of the heart?
- Do you suffer from ankle edema (swelling of the ankles)?
- Have you experienced severe pain in leg muscles during walking?
- Do you have a known heart murmur?
- Has your serum cholesterol been measured at greater than 200 mg/dl?
- Are you a cigarette smoker?
- Has your HDL (the "good" cholesterol) been measured at greater than 60 mg/dl?
- Would you characterise your lifestyle as "sedentary"?
- Have you had a high fasting blood glucose level on 2 or more occasions (≥ 110 mg/dl)?
- Are you 20% or more overweight or have you been told your "BMI" was greater than 30?
- Have you been assessed as hypertensive on at least 2 occasions (systolic > 140 mmHg or diastolic $>$

90mmHg)?

- Do you have any family history of cardiac or pulmonary disease prior to age 55?

Medical History - Detail

- Are you currently being treated for high blood pressure?

If you know your average blood pressure, please enter: /

Please check all conditions or diagnoses that apply:

- Abnormal EKG?
- Limited Range of Motion?
- Stroke?
- Abnormal Chest X-Ray?
- Arthritis?
- Do You Suffer from Epilepsy or Seizures?
- Rheumatic Fever?
- Bursitis?
- Chronic Headaches or Migraines?
- Low Blood Pressure?
- Swollen or Painful Joints?
- Persistent Fatigue?
- Asthma?
- Foot Problems?
- Stomach Problems?
- Bronchitis?
- Knee Problems?
- Hernia?
- Emphysema?
- Back Problems?
- Anemia?
- Other Lung Problems?
- Shoulder Problems?

- Are You Pregnant?
- Recently Broken Bones?
- Has a doctor imposed any activity restrictions? If so, please describe:

History

Have your mother, father, or siblings suffered from (please select all that apply):

- Heart attack or surgery prior to age 55.
- High cholesterol
- Stroke prior to age 50.
- Diabetes
- Congenital heart disease or left ventricular hypertrophy.
- Obesity
- Hypertension
- Asthma
- Leukemia or cancer prior to age 60.
- Osteoporosis

Medications

Please Select Any Medications You Are Currently Using:

- Diuretics
- Other Cardiovascular
- Beta Blockers
- NSAIDS/Anti-inflammatories (Motrin, Advil)
- Vasodilators
- Cholesterol
- Alpha Blockers
- Diabetes/Insulin
- Calcium Channel Blockers
- Other Drugs (record below).

Please list the specific medications that you currently take:

Lifestyle

Are you a cigarette smoker? If so, how many per day?

Previously a cigarette smoker? If so, when did you quit?

How many years have you smoked or did you smoke before quitting? _____

Do you/did you smoke (Circle one):

Cigarettes Cigars Pipe

Please Rate Your Daily Stress Levels (select one):

Low Moderate High but I enjoy the challenge High: Sometimes difficult to handle

High: often difficult to handle

Do you drink alcoholic beverages?

How many units of alcohol do you consume per week: _____

(see Alcohol Units Chart)

Alcohol Units Table

Type of Drink Units

1/2 pint of beer = 1

1 glass of wine = 1

1 pub measure of spirits (Gin, Vodka etc.) = 1

1 can of beer = 1.5

1 bottle of strong lager = 2.5

1 can of strong lager = 4

1 bottle of wine = 7

1 litre bottle of wine = 10

1 bottle of fortified wine (port, sherry etc.) = 14

1 bottle of spirits = 30

Dietary Habits. Please Select All That Apply.

I seldom consume red or high-fat meats.

- I eat at least 5 servings of fruits/vegetables per day.
- I pursue a low-fat diet.
- I almost always eat a full, healthy breakfast.
- My diet includes many high-fiber foods.
- I rarely eat high-sugar or high-fat desserts.

Other

Please Indicate Any Other Medical Conditions or Activity Restrictions That You May Have. It is important that this information be as accurate and complete as possible.

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- Is any of this information critical to understanding your readiness for exercise? Are there any other restrictions on activity that we should know about?

Thank you for taking the time to complete this questionnaire!