# HEALTH HISTORY & QUESTIONNAIRE

Name: Date:

Age: Sex: M F

Physician's Name: Phone:

Emergency contact: Phone:

Are you taking any medications, supplements, or drugs? If so, please list medication, dose, and reason.

Does your physician know you're participating in this exercise program?

Describe any physical activity you do somewhat regularly.

| Do you now have, or have you had in the past: | Yes | No |
|---|---|---|
| 1. History of heart problems | ☐ | ☐ |
| 2. Elevated blood pressure | ☐ | ☐ |
| 3. Any chronic illness or condition | ☐ | ☐ |
| 4. Difficulty with physical exercise | ☐ | ☐ |
| 5. Advice from physician not to exercise | ☐ | ☐ |
| 6. Recent surgery (last 12 months) | ☐ | ☐ |
| 7. Pregnancy (now or within last 3 months) | ☐ | ☐ |
| 8. History of breathing or lung problems | ☐ | ☐ |

| | Yes | No |
|---|---|---|
| 9. Muscle, joint, or back disorder, or any previous injury still affecting you | ☐ | ☐ |
| 10. Diabetes or metabolic syndrome | ☐ | ☐ |
| 11. Thyroid condition | ☐ | ☐ |
| 12. Cigarette smoking habit | ☐ | ☐ |
| 13. Obesity (body mass index ≥ 30 kg/m$^2$ | ☐ | ☐ |
| 14. Elevated blood cholesterol | ☐ | ☐ |
| 15. History of heart problems in immediate family | ☐ | ☐ |
| 16. Hernia, or any condition that may be aggravated by lifting weights or other physical activity | ☐ | ☐ |

What other exercise, sport, or recreational activities have you participated in?

In the past 6 months?

In the past 5 years?

What do you want exercise to do for you? Check all that apply.

- Improve cardiovascular fitness ☐
- Lose weight/fat ☐
- Reshape or tone my body ☐
- Improve performance for a specific sport ☐
- Improve flexibility ☐
- Increase strength ☐
- Increase energy level ☐
- Feel better ☐
- Increase enjoyment ☐
- Social interaction ☐
- Other________________________________ ☐

By how much would you like to change your current weight?

+ _______ lb  –________ lb

Please rate your exercise level on a scale of 1 - 5 (5 indicating very strenuous) for each range through your present age:

15 - 20________ 21 - 30________ 31 - 40________ 41 - 50________ 51+________

Do you start exercise programs, then find yourself unable to stick with them? Yes No

How much time are you willing to devote to an exercise program?

________minutes/day _______days/week

Are you currently involved in regular endurance (cardiovascular) exercise? Yes No

If yes, specify the type of exercise:

________ minutes/day ________ days/week

Rate your perception of the exertion level of your exercise program. Circle one.

Light Fairly Light Somewhat Hard Hard

How long have you been exercising regularly?