**Health-History Questionnaire**

感谢你对我们的信任，我们绝不会将你的私人信息分享给他人。  
Thank you for telling us your private information. We will keep it confidential and will not share this with anyone else.

1. 名儿/Name [填空题] \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. 岁儿/Age [填空题] \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.  身体性别/Sex [单选题] \*

|  |
| --- |
| ○Male |
| ○Female |
| ○Other |

4. 医生姓名/Physician's Name [填空题] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. 医生联系方式/Physician's Phone [填空题] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. 你有没有在服用处方药，非处方药或者保健品？如果有的话请列出药名，药剂量和服用原因。  
Are you taking any medications, supplements or drugs? If so, please list medication, dose and reason.  [填空题]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. 你的医生知道你参加这个运动吗？  
Does your physician know you are participating in the exercise program?  [填空题]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. 列举下你常做的体力活动。  
Describe any physical activity you do somewhat regularly.  [填空题]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. 你在过去或者现在有以下这些情况吗  
Do you now have, or have you had in the past:[矩阵单选题] \*

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 心脏问题，胸闷、中风/History of heart problems, chest pain or stroke. | ○ | ○ |
| 血压过高/Elevated blood pressure. | ○ | ○ |
| 慢性病或者慢性症状/Any chronic illness or condition. | ○ | ○ |
| 体育运动的障碍/Difficulty with physical exercise. | ○ | ○ |
| 医生给过你避免体育运动的建议/Advice from a physician not to exercise. | ○ | ○ |
| 过去一年内动过手术/Recent surgery in the last 12 months. | ○ | ○ |
| 三个月内有怀过孕/Pregnancy now or within last three months. | ○ | ○ |
| 有呼吸系统或者肺部问题/History of breathing or lung problems. | ○ | ○ |
| 肌肉、四肢关节、背部问题/Muscle, joint or back disorder | ○ | ○ |
| 糖尿病或者新陈代谢综合症/Diabetes or metabolic syndrome | ○ | ○ |
| 甲状腺症状/Thyroid condition. | ○ | ○ |
| 抽烟/Cigarette smoking habit. | ○ | ○ |
| 肥胖症/Obesity. | ○ | ○ |
| 血液中胆固醇含量过高/Elevated blood cholesterol. | ○ | ○ |
| 家庭心脏病史/History of heart problems in immediate family. | ○ | ○ |
| 疝气或者其他可能由于举重或体育活动恶化的症状/Hernia, or any other condition that may be aggravated by lifting weights or other physical activity. | ○ | ○ |