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

_____ Heart attack
_____ Heart surgery
_____ Cardiac catheterization
_____ Coronary angioplasty (PTCA)
_____ Cardiac pacemaker
_____ Cardiac rhythm disturbance
_____ Heart valve disease
_____ Heart failure
_____ Heart transplantation
_____ 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^{-1}.

_____ 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

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