



SECTION ONE - GENERAL INFORMATION

1. Date _____
2. Name _____
3. Mailing Address _____ Phone (H) _____
_____ Phone (Work or Cell) _____
- Email _____
4. *EI* Personal Physician _____ Phone _____
Physician Address _____ Fax _____
5. *EI* Person to contact in case of emergency _____ Phone _____
6. Gender (circle one): Female - Male *RF*
7. *RF* Date of birth _____ / _____ / _____
8. Height _____ Weight _____
9. Number of hours worked per week: [Less than 20] – [20-40] – [41-60] – [over 60]
10. *SLA* More than 25% of the time at your job is spent (circle all that apply)
[Sitting at desk] – [Lifting loads] – [Standing] – [Walking] – [Driving]

SECTION TWO - CURRENT MEDICAL INFORMATION

11. Date of last medical physical exam: _____
 12. Circle all medicine taken or prescribed in last 6 months:
[Blood thinner] *MC* – [Epilepsy medication] *SEP* – [Nitroglycerin] *MC*
[Diabetic] *MC* – [Heart rhythm medication] *MC* – [Other _____]
[Digitalis] *MC* – [High blood pressure medication] *MC* – [Diuretic] *MC* – [Insulin] *MC*
 13. Please list any orthopedic conditions. Include any injuries in the last six months

 14. Any of these health symptoms that occur frequently (two or more times/month) requires medical attention. Please check any that apply.
 - a. ___ Cough up blood *MC* g. ___ Swollen joints *MC*
 - b. ___ Abdominal pain *MC* h. ___ Feel faint *MC*
 - c. ___ Low-back pain *MC* i. ___ Dizziness *MC*
 - d. ___ Leg Pain *MC* j. ___ Breathlessness with slight exertion *MC*
 - e. ___ Arm or shoulder pain *MC* k. ___ Palpitation or fast heart beat *MC*
 - f. ___ Chest pain *RF MC* l. ___ Unusual fatigue with normal activity *MC*
- Other _____

SECTION THREE - MEDICAL HISTORY

15. Please circle any of the following for which you have been diagnosed or treated by a physician or health professional:

Alcoholism *SEP*, Diabetes *SEP*, Kidney problem *MC*,
Anemia, sickle cell *SEP*, Emphysema *SEP*, Mental illness *SEP*,
Anemia other *SEP*, Epilepsy *SEP*, Neck strain *SLA*,
Asthma *SEP*, Eye problems *SLA*, Obesity *RF*,
Back strain *SLA*, Gout *SLA*, Phlebitis *MC*,
Bleeding trait *SEP*, Hearing loss *SLA*, Rheumatoid arthritis *SLA*,
Bronchitis chronic *SEP*, Heart problems *MC*, Stress *RF*,
Stroke *MC*, Cancer *SEP*, High blood pressure *MC*,
Thyroid problem *SEP*, Cirrhosis *MC*, HIV *SEP*,
Ulcer *SEP*, Concussion *MC*, Hypoglycemia *SEP*,
Congenital defect *SEP*, Hyperlipidemia *RF*, Other _____.

16. Circle any operations that you have had:

Back *SLA*, Heart *MC*, Kidney *SLA*, Eyes *SLA*, Joint *SLA*, Neck *SLA*,
Ears *SLA*, Hernia *SLA*, Lung *SLA*, Other _____.

17. *RF* Circle any who died of heart attack before age 55:

Father - Brother - Son

18. *RF* Circle any who died of heart attack before age 65:

Mother - Sister - Daughter

SECTION FOUR - HEALTH-RELATED BEHAVIORS

19. Have you ever smoked? Yes No

20. *RF* Do you now smoke? Yes No

21. *RF* If you are a smoker, indicate the number smoked per day:

Cigarettes: [40 or more] - [20-39] - [10-19] - [1-9]

Cigars or pipes only: [5 or more] [less than 5]

22. *RF* Do you exercise regularly? Yes No

23. Last physical fitness test: _____

24. How many days a week do you accumulate 30 minutes of moderate activity?

0 1 2 3 4 5 6 7 days per week

25. How many days per week do you normally spend at least 20 minutes in vigorous exercise?

0 1 2 3 4 5 6 7 days per week

26. What activities do you engage in a least 1x per week?

27. Weight now: _____ lb. One year ago: _____ Age 21: _____

SECTION FIVE - HEALTH-RELATED ATTITUDES

28. These are traits that have been associated with coronary-prone behavior.
I am an impatient, time-conscious, hard-driving individual.

Circle the number that best describes how you feel:

- 6= Strongly agree 3= Slightly disagree
- 5= Moderately agree 2= Moderately disagree
- 4= Slightly agree 1= Strongly disagree

29. How often do you experience “negative” stress from each of the following:

Always Usually Frequently Rarely Never

- Work: _____
- Home or family : _____
- Financial pressure: _____
- Social pressure: _____
- Personal health _____

30. List everything not included on this questionnaire that may cause you problems in a fitness test or fitness program:

For Trainer Use Only

Action Codes

EI = Emergency Information- must be readily available

MC= Medical Clearance needed-do not allow exercise without physician’s permission.

SEP= Special Emergency Procedures needed- do not let participant exercise alone; make sure the person’s exercise partner knows what to do in case of an emergency.

RF= Risk Factor of CHD (educational materials and workshops needed).

SLA= Special or Limited Activities may be needed- you may need to include or exclude specific exercises.

Other (not marked) = Personal information that may be helpful for files or research