

Health Status Questionnaire

Instructions:

Complete each question accurately. All information provided is confidential if you choose to submit this form to your Exercise Physiologist.

Part 1. Information about the individual

1. **Date:** ____/____/____
2. **Legal Name:** _____
3. **Residential address:** _____ **City:** _____
Postcode: _____
Contact phone: _____ **Email:** _____
Business phone: _____
4. **Personal GP (e/)** _____ **Phone:** _____
5. **Emergency Contact:** _____ **Phone:** _____
6. **Sex (circle one):** Female Male (*rf*)
7. **Date of Birth (*rf*) :** _____ Day _____ Month _____ Year
8. **Number of hours worked per week (circle one):**
Less than 20 20-40 41-60 over 60
9. **Which of the following requires *more than 25%* of your day (circle all that apply) (*sla*)**
Sitting at desk Lifting or carrying loads Standing Walking Driving

Part 2. Medical history (Howley & Franks, 2003)

- 10.1 **Circle any who died of heart attack before age 55 (*rf*) :**
Father Brother Son
- 10.2 **Circle any who died of heart attack before age 65 (*rf*) :**
Mother Sister Daughter
11. **Date of:**
Last medical physical exam date: _____
Last physical fitness test date: _____
12. **Circle operations you have had:**
Back (*sla*) Heart (*mc*) Kidney (*sla*) Eyes (*sla*) Joint (*sla*)
Ears (*sla*) Hernia (*sla*) Lung (*sla*) Other
13. **Please circle any of the following for which you have been diagnosed or treated by a physician or health professional:**

Alcoholism (<i>sep</i>)	Diabetes (<i>sep</i>)	Kidney problem (<i>mc</i>)
Anemia, sickle cell (<i>sep</i>)	Emphysema (<i>sep</i>)	Mental illness (<i>sep</i>)
Anemia, other (<i>sep</i>)	Epilepsy (<i>sep</i>)	Neck strain (<i>sla</i>)
Asthma (<i>sep</i>)	Eye problems (<i>sla</i>)	Obesity (<i>rf</i>)
Back strain (<i>sla</i>)	Gout (<i>sla</i>)	Phlebitis (<i>mc</i>)

Bleeding trait (<i>sep</i>)	Hearing loss (<i>sla</i>)	Heart problem (<i>mc</i>)
Bronchitis, chronic (<i>sep</i>)	Rheumatoid arthritis (<i>sla</i>)	Stroke (<i>mc</i>)
Cancer (<i>sep</i>)	High blood pressure (<i>rf</i>)	Thyroid problem (<i>sep</i>)
Cirrhosis, liver (<i>mc</i>)	Hypoglycemia (<i>sep</i>)	Ulcer (<i>sep</i>)
Concussion (<i>mc</i>)	Hyperlipidemia (<i>rf</i>)	Other
Congenital defect (<i>sep</i>)	Infectious mononucleosis (<i>mc</i>)	

14. **Circle all medicine taken in last 6 months:**

Blood thinner (<i>mc</i>)	Epilepsy medication (<i>sep</i>)	Nitroglycerin (<i>mc</i>)
Diabetic (<i>sep</i>)	Heart rhythm medication (<i>mc</i>)	Other
Digitalis (<i>mc</i>)	High blood pressure medication (<i>mc</i>)	
Diuretic (<i>mc</i>)	Insulin (<i>mc</i>)	

15. **Any of these health symptoms that occurs frequently is the basis for medical attention. Circle the number indicating how often you have each of the following:**

5 = Very often
 4 = Fairly often
 3 = Sometimes
 2 = Infrequently
 1 = Practically never

a. Cough up blood (*mc*)
 1 2 3 4 5

b. Abdominal pain (*mc*)
 1 2 3 4 5

c. Low-back pain (*mc*)
 1 2 3 4 5

d. Leg pain (*mc*)
 1 2 3 4 5

e. Arm or shoulder pain (*mc*)
 1 2 3 4 5

f. Chest pain (*rf*) (*mc*)
 1 2 3 4 5

g. Swollen joints (*mc*)
 1 2 3 4 5

h. Feel faint (*mc*)
 1 2 3 4 5

i. Dizziness (*mc*)
 1 2 3 4 5

j. Breathless with slight exertion (*mc*)
 1 2 3 4 5

k. Palpitation or fast heart beat (*mc*)
 1 2 3 4 5

l. Unusual fatigue with normal activity (*mc*)
 1 2 3 4 5

Part 3. Health-related behaviour (Howley & Franks, 2003)

16. **Do you now smoke (or have smoked in last 6 months) (*rf*)?**

Yes No

17. **If you are a smoker, indicate number smoked per day (*rf*):**

a. Cigarettes: 40 or more 20-39 10-19 1-9

b. Cigars or pipes only: 5 or more or any inhaled Less than 5, none inhaled

18. **Do you exercise regularly (i.e. accumulate at least 30 min per day, at least five days week) (*rf*)?**

Yes No

19. **How many days per week do you accumulate 30 minutes of moderate activity?**
0 1 2 3 4 5 6 7 days per week
20. **How many days per week do you normally spend at least 20 minutes in vigorous exercise?**
0 2 3 4 5 6 7 days per week
21. **Can you walk 6.5 km briskly without fatigue?**
Yes No
22. **Can you jog 5 km continuously at a moderate pace without discomfort?**
Yes No
23. **Weight now:** kg. **One year ago:** kg. **Age 21:** kg.

Part 4. Health-related attitudes (Howley & Franks, 2003)

24. **These are traits that have been associated with coronary-prone behaviour (*rf*). Circle the number that corresponds to how you feel:**
6 = Strongly agree
5 = Moderately agree
4 = Slightly agree
3 = Slightly disagree
2 = Moderately disagree
1 = Strongly disagree
I am an impatient, time-conscious, hard-driving individual.
1 2 3 4 5 6
25. **List everything not already included all this questionnaire that might cause you problems in a fitness test or fitness program:**
- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

Code for Health Status Questionnaire

The following codes will help you evaluate the information in the Health Status Questionnaire.

(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 for 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.

Contraindications to exercise testing (Gibbons, et al., 2002)

Below is a list of absolute and relative contraindications for exercise testing:

Absolute

Acute myocardial infarction (Within 2 days)

High-risk unstable angina

Uncontrolled cardiac arrhythmias causing symptoms or hemodynamic compromise

Symptomatic severe aortic stenosis

Uncontrolled symptomatic heart failure

Acute pulmonary embolus or pulmonary infarction

Acute myocarditis or pericarditis

Acute aortic dissection

Relative

Left main coronary stenosis

Moderate stenotic valvular heart disease

Electrolyte abnormalities

Severe arterial hypertension

Tachyarrhythmias or bradyarrhythmias

Hypertrophic cardiomyopathy and other forms of outflow tract obstruction

Mental or physical impairment leading to inability to exercise adequately

High-degree atrioventricular block

References

Gibbons, R. J., Balady, G. J., Timothy Bricker, J., Chaitman, B. R., Fletcher, G. F., Froelicher, V. F., et al. (2002). ACC/AHA 2002 Guideline Update for Exercise Testing: Summary Article: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Update the 1997 Exercise Testing Guidelines). *Circulation*, 106(14), 1883-1892. doi: 10.1161/01.cir.0000034670.06526.15

Howley, E. T., & Franks, B. D. (2003). *Health fitness instructor's handbook*. Champaign, IL: Human Kinetics.