SAMPLE HEALTH-HISTORY QUESTIONNAIRE

Name ______________________________________________________________ Date ______________
Age ______________ Sex □ M □ F
Physician’s Name _____________________________________________________________________________________________________________________________
Physician’s Phone (_____________) ___________________________________________________________________________
Person to contact in case of emergency:
Name __________________________________________ Phone _____________________________
Are you taking any medications, supplements, or drugs? If so, please list medication, dose, and reason.
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
Does your physician know you are 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, chest pain, or stroke □ □
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 □ □
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 (BMI) ≥30 kg/m²] □ □
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 □ □
EXERCISE HISTORY AND ATTITUDE QUESTIONNAIRE

Name ____________________________________________________   Date _________________

General Instructions: Please fill out this form as completely as possible. If you have any questions, DO NOT GUESS.

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:
   15–20 _____  21–30 _____  31–40 _____  41–50 _____  51+_____

2. Were you a high school and/or college athlete?
   ☐ Yes   ☐ No  If yes, please specify ________________________________

3. Do you have any negative feelings toward, or have you had any bad experience with, physical-activity programs?
   ☐ Yes   ☐ No  If yes, please explain ________________________________

4. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation?
   ☐ Yes   ☐ No  If yes, please explain ________________________________

5. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest). Circle the number that best applies.
   Characterize your present athletic ability.
   1  2  3  4  5

   When you exercise, how important is competition?
   1  2  3  4  5

   Characterize your present cardiovascular capacity.
   1  2  3  4  5

   Characterize your present muscular capacity.
   1  2  3  4  5

   Characterize your present flexibility capacity.
   1  2  3  4  5

6. Do you start exercise programs but then find yourself unable to stick with them?
   ☐ Yes   ☐ No

7. How much time are you willing to devote to an exercise program?
   _______ minutes/day   _______ days/week

8. Are you currently involved in regular endurance (cardiovascular) exercise?
   ☐ Yes   ☐ No  If yes, specify the type of exercise(s) ________________________
   _______ minutes/day   _______ days/week

   Rate your perception of the exertion of your exercise program (circle the number):
   (1) Light   (2) Fairly light   (3) Somewhat hard   (4) Hard
9. How long have you been exercising regularly?
   _______ months   _______ years

10. What other exercise, sport, or recreational activities have you participated in?
    In the past 6 months? ________________________________
    In the past 5 years? ________________________________

11. Can you exercise during your work day?
    ☐ Yes  ☐ No

12. Would an exercise program interfere with your job?
    ☐ Yes  ☐ No

13. Would an exercise program benefit your job?
    ☐ Yes  ☐ No

14. What types of exercise interest you?
    ☐ Walking  ☐ Jogging  ☐ Strength training
    ☐ Cycling  ☐ Traditional aerobics  ☐ Racquet sports
    ☐ Stationary biking  ☐ Elliptical striding  ☐ Yoga/Pilates
    ☐ Stair climbing  ☐ Swimming  ☐ Other activities

15. Rank your goals in undertaking exercise:
    What do you want exercise to do for you? ________________________________
    ___________________________________________________________________
    Use the following scale to rate each goal separately:

<table>
<thead>
<tr>
<th>Not at all important</th>
<th>Somewhat important</th>
<th>Extremely important</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>2 3 4 5 6 7 8 9 10</td>
<td></td>
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   a. Improve cardiovascular fitness  _______
   b. Lose weight/body fat  _______
   c. Reshape or tone my body  _______
   d. Improve performance for a specific sport  _______
   e. Improve moods and ability to cope with stress  _______
   f. Improve flexibility  _______
   g. Increase strength  _______
   h. Increase energy level  _______
   i. Feel better  _______
   j. Enjoyment  _______
   k. Social interaction  _______
   l. Other  _______

16. By how much would you like to change your current weight?
    (+) _______ lb   (-) _______ lb