

**HEALTH HISTORY QUESTIONNAIRE**

Please answer the following questions to the best of your knowledge. For each question circle the most accurate choice. All of your responses will be held completely confidential. By signing the form, you grant the use of this information for the purpose of being placed in a risk stratification category by a qualified **Exercise Physiologist**. If you require assistance of any kind to complete this questionnaire, please let the Vitality Center staff know.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

OCCUPATION \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

\*EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Have you seen or are you seeing a Cardiologist?.....Yes No

If yes, why? \_\_\_\_\_

\_\_\_\_\_

Cardiologist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date & Reason Seen: \_\_\_\_\_

\_\_\_\_\_

Has anyone in your family died suddenly before age fifty? \_\_\_\_\_

Explain: \_\_\_\_\_

Have you ever had a diagnosed heart attack or suspected heart attack or stroke?..... Yes No

Explain: \_\_\_\_\_

Have you ever had bypass surgery or any other type of heart surgery?..... Yes No

Explain: \_\_\_\_\_

Have you ever been diagnosed with any other cardiovascular or pulmonary disease, for example, asthma or chronic bronchitis (other allergies)? Yes No

Have you ever had a history of diabetes, thyroid, kidney or liver disease?..... Yes No  
(Please circle one)

Have you ever been informed that you had an abnormal resting or exercise (Stress) electrocardiogram (EKG)?..... Yes No

Are you currently experiencing any of the following:

- pain/discomfort in the chest or surrounding areas that occurs when you engage in physical activity..... Yes No
- shortness of breath..... Yes No
- unexplained dizziness or fainting..... Yes No
- swelling of the ankles (recurrent and unrelated to injury)..... Yes No
- heart palpitations (recurrent irregularity or racing of the heart)..... Yes No
- pain in the legs that causes you to stop walking (claudicating)..... Yes No
- diagnosed with heart murmur or mitral valve prolapse..... Yes No

Are you currently pregnant or is it likely that you could be pregnant at this time?..... Yes No

Have you had heart surgery or been diagnosed with a disease in the past 3 months?..... Yes No

Explain: \_\_\_\_\_

Have you ever been diagnosed with high cholesterol or abnormal lipids within the past year or are you taking cholesterol lowering medication?..... Yes No

Have you smoked within the last six months or do you smoke regularly?..... Yes No

Has your father or brother been diagnosed with heart disease prior to age 55 or has your mother or sister been diagnosed before age 65?..... Yes No

Within the past 12 months, has a healthcare professional told you that you have high blood pressure or have you taken medication for blood pressure?..... Yes No

Have you been told by a healthcare professional that you have a fasting blood glucose > 110mg/dl? ..... Yes No

Describe your regular physical activity or exercise program:

-type\_\_\_\_\_ frequency\_\_\_\_\_

-intensity: low moderate high (circle one)

Do you have bone and/or joint problems or muscles that may be aggravated with exercise?..... Yes No

Describe\_\_\_\_\_

Do you have any neck or back problems?..... Yes No

Describe\_\_\_\_\_

Please list any medications that you currently taking and reason for taking:

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*“I have answered the above questions accurately and completely. I understand that my medical history is an important factor in the development of my fitness program and that certain medical/physical conditions which are known to me, but which I do not disclose to the Vitality Center may result in serious injury to me. If any of the above conditions change, I will immediately inform the Vitality Center staff. I knowingly and willingly assume all risk of injury resulting from my failure to disclose accurate, complete, and updated information in accordance with the above questionnaire.”*

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Vitality Staff Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR USE BY VITALITY CENTER STAFF ONLY**

- \_\_\_ Lipids (TCH>200 or HDL<35)
- \_\_\_ Cigarette smoking
- \_\_\_ Family history
- \_\_\_ HTN/BP meds
- \_\_\_ Diabetes/glucose 110mg/dl
- \_\_\_ Sedentary

- \_\_\_ BMI >30 (Calculation=\_\_\_\_\_)
- \_\_\_ Signs/symptoms of CAD
- \_\_\_ Metabolic disease
- \_\_\_ Respiratory disease
- \_\_\_ Cardiovascular Disease
- \_\_\_ Pregnancy

Risk Stratification:

Apparently healthy \_\_\_\_\_

Apparently healthy \_\_\_\_\_

Male>45; Female>55

High Risk, no signs/symptoms \_\_\_\_\_

High risk, with signs/symptoms \_\_\_\_\_

Known disease \_\_\_\_\_

Pregnancy \_\_\_\_\_

Additional comments:

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Factors:

One or no risk factors  
(no medical required)

One or no risk factors  
(no medical required)

Two or more risk factors \* or over age 60  
(Medical required with GXT)

One or more s/s with or without risk factors  
(Medical required with GXT)

Diagnosed cardiopulmonary disease/metabolic disease  
(Medical required with GXT)

Medical Clearance Required

## PAR-Q & YOU

### Physical Activity Readiness Questionnaire

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suited for them. Common sense is your best guide in answering the few questions. Please read them carefully and circle the correct answer opposite the question if it applies to you.

- |     |    |    |  |
|-----|----|----|--|
| YES | NO | 1. | Has a doctor ever said you have a heart condition and recommended only medically supervised physical activity?                                     |
| YES | NO | 2. | Do you have chest pain brought on by physical activity?  |
| YES | NO | 3. | Have you developed chest pain within the past month?   |
| YES | NO | 4. | Do you tend to lose consciousness or fall over as a result of dizziness?   |
| YES | NO | 5. | Has a doctor ever recommended medication for your blood pressure or a for a heart condition?   |
| YES | NO | 6. | Do you have a bone or joint problem that could be aggravated by the proposed physical activity?  |
| YES | No | 7. | Are you aware, through your own experience or a doctor's advice, of any Other physical reason against your exercising without medical supervision? |

**\*IF YOU ANSWERED:**

**YES to one or more questions**

Talk with your doctor by phone or in person before you start becoming much more physically active before you have a fitness appraisal. Tell your doctor about the PAR-Q and which question(s) you answered YES.

- You may be able to do any activity you want as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those, which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

**NO to all questions:**

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure you can:

- Start becoming much more physically active-begin slowly and build up gradually. This is the safest and easiest way to begin activity.
- Take part in appraisal-this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

**Delay becoming much more active...**

- If you are not feeling well because of a temporary illness such as a cold or fever-wait until you feel better.
- If you are pregnant-talk to your doctor before you start becoming more active.
- Please note: If your health changes so that you then answer yes to any of the above questions, tell your fitness or health professional.

**I have read, understood, and completed the questionnaire. Any questions that I asked have been answered to my full satisfaction.**

**Name:** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_