



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

- |                                |                                    |                                 |
|--------------------------------|------------------------------------|---------------------------------|
| Alcoholism <b>SEP</b>          | Diabetes <b>SEP</b>                | Kidney problem <b>MC</b>        |
| Anemia, sickle cell <b>SEP</b> | Emphysema <b>SEP</b>               | Mental illness <b>SEP</b>       |
| Anemia, other <b>SEP</b>       | Epilepsy <b>SEP</b>                | Neck strain <b>SLA</b>          |
| Asthma <b>SEP</b>              | Eye problems <b>SLA</b>            | Obesity <b>RF</b>               |
| Back strain <b>SLA</b>         | Gout <b>SLA</b>                    | Phlebitis <b>MC</b>             |
| Bleeding trait <b>SEP</b>      | Hearing loss <b>SLA</b>            | Rheumatoid arthritis <b>SLA</b> |
| Bronchitis, chronic <b>SEP</b> | Heart problem <b>MC</b>            | Stroke <b>MC</b>                |
| Cancer <b>SEP</b>              | High blood pressure <b>RF</b>      | Thyroid problem <b>SEP</b>      |
| Cirrhosis, liver <b>MC</b>     | Hypoglycemia <b>SEP</b>            | Ulcer <b>SEP</b>                |
| Concussion <b>MC</b>           | Hyperlipidemia <b>RF</b>           | Other _____                     |
| Congenital <b>SEP</b>          | Infectious mononucleosis <b>MC</b> |                                 |

14) Circle all medicine taken in the last 6 months:

- |                         |  |                         |
|-------------------------|--|-------------------------|
| Blood thinner <b>MC</b> | Epilepsy medication <b>SEP</b>           | Nitroglycerin <b>MC</b> |
| Diabetic <b>SEP</b>     | Heart rhythm medication <b>MC</b>        | Other _____             |
| Digitalis <b>MC</b>     | High blood pressure medication <b>MC</b> |                         |
| Diuretic <b>MC</b>      | Insulin <b>MC</b>                        |                         |

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 <b>MC</b><br>1 2 3 4 5       | g. Swollen joints <b>MC</b><br>1 2 3 4 5                       |
| b. Abdominal pain <b>MC</b><br>1 2 3 4 5       | h. Feel faint <b>MC</b><br>1 2 3 4 5                           |
| c. Low-back pain <b>MC</b><br>1 2 3 4 5        | i. Dizziness <b>MC</b><br>1 2 3 4 5                            |
| d. Leg pain <b>MC</b><br>1 2 3 4 5             | j. Breathless with slight exertion <b>MC</b><br>1 2 3 4 5      |
| e. Arm or shoulder pain <b>MC</b><br>1 2 3 4 5 | k. Palpitation of fast heart beat <b>MC</b><br>1 2 3 4 5       |
| f. Chest pain <b>RF MC</b><br>1 2 3 4 5        | l. Unusual fatigue with normal activity <b>MC</b><br>1 2 3 4 5 |

**Part 3. Health-related behavior**

16) **RF** Do you now smoke?      Yes      No

17) **RF** If you are a smoker, indicate number smoked per day:

- |                           |                       |                           |     |
|---------------------------|-----------------------|---------------------------|-----|
| Cigarettes:    40 or more | 20-39                 | 10-19                     | 1-9 |
| Cigars or pipes only:     | 5 or more any inhaled | Less than 5, none inhaled |     |

- 18) **RF** Do you exercise regularly? 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   1   2   3   4   5   6   7        days per week
- 21) Can you walk 4 miles briskly without fatigue? Yes            No
- 22) Can you jog 3 miles continuously at a moderate pace without discomfort?            Yes        No
- 23) Weight now: \_\_\_\_\_lb.    One year ago: \_\_\_\_\_lb.        Age 21: \_\_\_\_\_lb.

**Part 4.        Health-related attitudes**

24) **RF** These are traits that have been associated with coronary-prone behavior: 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 on this questionnaire that might cause you problems in a fitness test or fitness program:

**Codes for HSQ:** 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=** Personal information that may be helpful for files or research.

Adapted from Howley and Franks, Health Fitness Instructor's Handbook, 3<sup>rd</sup> edition. 1997.