Health-History Inventory

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/m^2]	❑	❑
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	❑	❑

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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 (check the box):

   ❑ Light ❑ Fairly light ❑ Somewhat hard ❑ Hard

9. How long have you been exercising regularly?_____ months _____ years

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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
- ❑ Cycling
- ❑ Stationary biking
- ❑ Stair climbing
- ❑ Jogging
- ❑ Traditional aerobics
- ❑ Elliptical striding
- ❑ Swimming
- ❑ Strength training
- ❑ Racquet sports
- ❑ Yoga/Pilates
- ❑ 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.

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

16. By how much would you like to change your current weight?

(+) _____ lb (–) _____ lb