# Health History Inventory
## (Long Version)

**Please answer each of the questions in this inventory to the best of your ability. For each question, please mark the best choice, unless otherwise indicated. In some instances, you will need to write out your response. If you need assistance with answering any of these questions, please request assistance from a fitness professional.**
**All of your responses will be treated in a confidential manner.**

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, 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 thyroid condition | ❑ | ❑ |
| 11. Cigarette smoking habit | ❑ | ❑ |
| 12. Obesity (BMI ≥30 kg/m$^2$) | ❑ | ❑ |
| 13. Elevated blood cholesterol | ❑ | ❑ |
| 14. History of heart problems in immediate family | ❑ | ❑ |
| 15. 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; ask your trainer for assistance.

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:

| Not at all important | | | | Somewhat important | | | | | Extremely important |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

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?

(+) _____ lbs (-) _____ lbs