



# MWR-JBPHH HAWAII FITNESS CENTERS HEALTH STATUS QUESTIONNAIRE

Trainer's Name \_\_\_\_\_

Instructions: *Complete each question accurately. All information provided is confidential under HIPPA & Privacy Act 1974.*

## Part 1. Information About The Individual

1. Last 4 SSN \_\_\_\_\_ Date \_\_\_\_\_
2. Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_
3. Mailing Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_
4. Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_
5. Person to Contact in Emergency \_\_\_\_\_ Phone \_\_\_\_\_
6. Gender (Circle One):      Female              Male
7. Date Of Birth:      Month \_\_\_\_\_      Day \_\_\_\_\_      Year \_\_\_\_\_
8. Number of hours worked per week:      Less than 20      20 - 40      41 - 60      Over 60
9. More than 25% of time on job is spent (Circle all that apply):  
Sitting at desk      Lifting or carrying loads      Standing      Walking      Driving

## Part 2. Medical Information

10. Circle any who died of heart attack before age 50:      Father      Mother      Brother      Sister      Grandparent
11. Date of last medical physical exam: (Year) \_\_\_\_\_  
Last physical fitness test: (Year) \_\_\_\_\_
12. Circle operations you have had:  
Back      Heart      Kidney      Eyes      Joint      Neck      Ears      Hernia      Lung  
Other \_\_\_\_\_
13. Please circle any of the following for which you have been diagnosed or treated by a physician or health professional:

|                     |                   |                          |                      |
|---------------------|-------------------|--------------------------|----------------------|
| Alcoholism          | Cirrhosis, Liver  | Hearing Loss             | Neck Strain          |
| Anemia, Sickle Cell | Concussion        | Heart Problem            | Obesity              |
| Anemia, Other       | Congenital Defect | High Blood Pressure      | Phlebitis            |
| Asthma              | Diabetes          | Hypoglycemia             | Rheumatoid Arthritis |
| Back Strain         | Emphysema         | Hyperlipidemia           | Stroke               |
| Bleeding Trait      | Epilepsy          | Infectious Mononucleosis | Thyroid Problem      |
| Bronchitis, Chronic | Eye Problems      | Kidney Problems          | Ulcer                |
| Cancer              | Gout              | Mental Illness           |                      |

Other \_\_\_\_\_

14. Circle all medication taken in last 6 months:

Blood Thinner

Diuretic

High Blood Pressure Medication

Diabetic Pill

Epilepsy Medication

Insulin

Digitalis

Heart-Rhythm Medication

Nitroglycerin

Other \_\_\_\_\_

15. These health symptoms may require medical attention if they occur frequently. Circle the number indicating how often you have each of the following:

1 = Practically Never

2 = Infrequently

3 = Sometimes

4 = Fairly Often

5 = Very Often

a. Cough up blood  
1 2 3 4 5

e. Leg pain  
1 2 3 4 5

h. Swollen joints  
1 2 3 4 5

b. Abdominal pain  
1 2 3 4 5

f. Arm or shoulder pain  
1 2 3 4 5

i. Feel faint  
1 2 3 4 5

c. Low back pain  
1 2 3 4 5

g. Chest pain  
1 2 3 4 5

j. Dizziness  
1 2 3 4 5

d. Breathless with slight exertion  
1 2 3 4 5

### Part 3. Health-Related Behavior

16. Do you smoke? (Circle one) Yes No

17. 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 or any inhaled Less than 5, non inhaled

18. Do you exercise regularly? (Circle one) Yes No

19. How many days per week do you normally spend at least 20 minutes in moderate to strenuous exercise?

0 1 2 3 4 5 6 7 days per week

20. Can you walk 4 miles briskly without fatigue? (Circle one) Yes No

21. Can you jog 3 miles continuously at a moderate pace without discomfort? (Circle one) Yes No

22. Weight now \_\_\_\_\_ lbs. One year ago \_\_\_\_\_ lbs. Age 21 \_\_\_\_\_ lbs.

### Part 4. Health-Related Attitudes

23. This trait has been associated with coronary-prone behavior. Circle the number that corresponds to how you feel:

1 = Strongly disagree

2 = Moderately disagree

3 = Slightly disagree

4 = Slightly agree

5 = Moderately agree

6 = Strongly agree

I am an impatient, time-conscious, hard-driving individual: 1 2 3 4 5 6

24. List everything not already included on this questionnaire that might cause you problems in a fitness test or fitness program:

---

---

---

---