

ENERJOY Health Status Questionnaire

Name: _____ Phone (H): _____
Address: _____ Phone (W): _____
City: _____ Zip: _____ Cell Phone: _____
Emergency Contact: _____ Emergency Phone: _____
DOB: _____ Age: _____ Sex: M F
Personal Physician: _____ Physician's Phone: _____
How did you hear about ENERJOY/Liz Bradford? _____

Section I. Medical History

1. Mark any of the following for which you have been diagnosed and treated:

- | | | | |
|---|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Kidney problem | <input type="checkbox"/> Heart problem | <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Concussion |
| <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Cirrhosis, liver | <input type="checkbox"/> Stroke | <input type="checkbox"/> Asthma |

2. Mark any medications taken the last 6 months:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Blood thinner | <input type="checkbox"/> Epilepsy medicine | <input type="checkbox"/> Nitroglycerin | <input type="checkbox"/> Cholesterol medicine |
| <input type="checkbox"/> Diabetes medicine | <input type="checkbox"/> Heart rhythm medicine | <input type="checkbox"/> Insulin | <input type="checkbox"/> Other |
| <input type="checkbox"/> Blood pressure medicine | <input type="checkbox"/> Diuretic (water pill) | <input type="checkbox"/> Digitalis | |

3. List any surgeries you have had in the past (e.g., knee, heart, back): _____

4. Have you ever had back problems, any problems with joints (knee, hip, shoulder, elbow, neck) or been diagnosed with arthritis?

If yes, describe: _____

5. Do you have any other medical conditions or health problems that may affect your exercise plan or safety in any way?

If yes, describe: _____

Section II: Cardiopulmonary and Metabolic Symptoms

- | | | |
|---|---|---|
| Y | N | Do you ever get unusually short of breath with very light exertion? |
| Y | N | Do you ever have pain, pressure, heaviness or tightness in the chest area? |
| Y | N | Do you regularly have unexplained pain in the abdomen, shoulder or arm? |
| Y | N | Do you ever have dizzy spells or episodes of fainting? |
| Y | N | Do you ever feel "skips," palpitations or runs of fast or slow heart beats in your chest? |
| Y | N | Has a physician ever told you that you have a heart murmur? |
| Y | N | Do you regularly get lower -eg pain during walking that is relieved with rest? |
| Y | N | Do you have any joints that often become swollen and painful? Where: |

Section III. Cardiopulmonary/Metabolic Disease

Y N Have you ever had a heart attack, bypass surgery, angioplasty or been diagnosed with coronary artery disease or other heart disease? _____ If yes, describe: _____

Y N Do you have emphysema, asthma or any other chronic lung condition or disease? _____

Y N Are you an insulin-dependent diabetic? _____

Section IV: Coronary Risk Factor Profile

Y N Have you had high blood pressure (≥ 140 mmHg systolic or ≥ 90 mmHg diastolic) on more than one occasion? Please list any medications you take for high blood pressure: _____

Y N Have you ever been told that your blood cholesterol was high (200 mg/dL or higher)? Cholesterol level _____

Y N Do you currently smoke 10 or more cigarettes per day? cigarettes/day _____ years smoked _____

Y N Have you ever been told that you have high blood sugar or diabetes? _____ If yes, describe: _____

Y N Has anyone in your immediate family (parents, siblings) had any heart problems or coronary disease before age 55? Describe: _____

Y N Do you feel you are more than 20 lb overweight? What do you feel is your realistic ideal weight? _____

Section V. Fitness

Circle the average number of times per week you participate in planned moderate-to-strenuous exercise of at least 20 minutes duration (brisk walking, jogging, cycling, swimming, stair climbing, weight lifting, active sports such as tennis, aerobic classes, etc.).

0 1 2 3 4 5 6 7 8 9 10

Y N Can you briskly walk 1 mile without fatigue?

Y N Can you jog 2 miles continuously at a moderate pace without discomfort?

Y N Can you do 10 push-ups?

Please list your body weight:

Now: _____ lb/kg

1 year ago: _____ lb/kg

Age 21: _____ lb/kg