

**ST CLOUD STATE UNIVERSITY
HUMAN PERFORMANCE LABORATORY
320-308-3105
Health History Questionnaire**

Name _____ Date of Birth _____ Today's Date _____
 Address _____ Phone (home) _____ (work) _____
 _____ Age _____ Female _____ Male _____
 City _____ State _____ Zip Code _____

Medications (name, dosage, and how long) _____

Medical History/Risk Factors

Past History

	<i>(x)</i>	<i>Date</i>
Have you ever had?		
Rheumatic Fever	()	_____
Heart Murmur	()	_____
High Blood Pressure	()	_____
High Blood Cholesterol	()	_____
Heart Trouble	()	_____
Disease of the Arteries	()	_____
Varicose Veins	()	_____
Lung Disease	()	_____
Diabetes	()	_____
Surgery	()	_____
Injuries to back, knees, ankles etc	()	_____
Arthritis	()	_____
Epilepsy	()	_____
Drug Allergies	()	_____
Explain _____		

Smoking

	<i>Yes</i>	<i>No</i>
Do you smoke?	()	()
Have you ever smoked?	()	()
Cigarettes	()	()
Pipe	()	()
Cigar	()	()
Smokeless tobacco	()	()

If yes to any of the above, please indicate how many a day and for how many years.

At what age did you start? _____
 If you stopped, when? _____
 Why? _____

Nutrition

What is your present weight? _____ 1 year ago _____
 At age 21 you weighed _____
 Are you dieting? _____ Why? _____

Rate your diet in relation to fat content, e.g. eggs, butter, whole milk and other dairy products, red meat, fried foods, baked goods.

_____ Low fat _____ Average fat
 _____ Above average fat _____ High fat

Caffeine Intake _____ Cups per day
 (Coffee, tea, cola drinks)

Alcohol Intake _____ Drinks per day
 (Beer, wine, liquor) (one drink = 12 oz beer,
 4 oz dry wine or 1.5 oz liquor)

Exercise

Do you participate in regular physical activity? _____
 Type of activity? _____ (walk, run, swim, dance)
 Number of times per week? _____
 Time and/or distance per exercise session _____
 Is your occupation: _____ Sedentary _____ Active
 _____ Mostly inactive _____ Heavy work
 Do you have any discomfort, shortness of breath or pain with moderate exercise? _____

Present Symptoms Review

	<i>()</i>	<i>Date</i>
Have you recently had?		
Chest Pain	()	_____
Shortness of Breath	()	_____
Irregular Heartrate	()	_____
Cough on Exertion	()	_____
Coughing of Blood	()	_____
Back Pain	()	_____
Swollen, Stiff or Painful Joints	()	_____
Fainting	()	_____
Pregnancy	()	_____

Family History

	<i>Age</i>	<i>Relative</i>
Have any of your relatives had?		
Heart Attacks	_____	_____
	_____	_____
High Blood Pressure	_____	_____
	_____	_____
High Cholesterol	_____	_____
	_____	_____
Diabetes	_____	_____
	_____	_____
Congenital Heart Disease	_____	_____
Other	_____	_____
Explain _____		

Stress

Rate yourself in relation to tension:
 _____ Usually relaxed
 _____ Relaxed, but occasionally tense
 _____ Tense more often than relaxed
 _____ Very tense

Rate the amount of stress experienced in your occupation:
 _____ Little _____ Average
 _____ Above average _____ Severe