Resting Heart Rate ________________

❄ Fraser Valley Metropolitan Recreation District ❄

❄ MEDICAL HISTORY AND CARDIOVASCULAR DISEASE RISK QUESTIONNAIRE ❄

NAME: ______________________________ ADDRESS: ______________________________

AGE: ________ ______________________________

SEX: MALE ☐ FEMALE ☐ ______________________________

WEIGHT: ___________ lbs. EMAIL ADDRESS: _______________________________

HEIGHT: ________ft. ________in. PHONE NUMBER :(_______)______________________

1. RISK FACTORS FOR CARDIOVASCULAR DISEASE

-Check (☑) those that apply-

PRIMARY RISK FACTORS:	YES	NO	UNSURE
• 35 years of age or older	☐	☐	☐
• Hypertension (high blood pressure - *Systolic >= 160 mm HG, Diastolic >= 90 mm Hg)*	☐	☐	☐
• Hyperlipidemia (*high cholesterol >= 240 ml/dl*)	☐	☐	☐
• Cigarette Smoking (*includes pipe, cigar, & smokeless tobacco*)	☐	☐	☐
• EKG Abnormalities	☐	☐	☐
• Sedentary Lifestyle	☐	☐	☐
SECONDARY RISK FACTORS:			
• Family History of Coronary Artery Disease: (*heart attack, stroke, arteriosclerosis before age 55*)	☐	☐	☐
• Obesity (*body fat above 20% for males; 30% for females*)	☐	☐	☐
• Diabetes Mellitus			
• Hyperuricemia (*high uric acid: gout*)			
• Type A Behavior (*hostile & aggressive personality type*)			

2. PHYSICAL ACTIVITY INVENTORY:

Aerobic or cardiovascular exercise consists of a minimum of 20 minutes of continuous activity at a prescribed heart rate. Which of the following aerobic activities do you do? And how often and how long do you do it?

	Day per Week	Length	Effort Level
Aerobics Class	__________	________	_________
Cross-country skiing	__________	________	_________
Running/Jogging	__________	________	_________
Swimming	__________	________	_________
Cycling/Mtn. Biking	__________	________	_________
Basketball	__________	________	_________

Other (please Note) ____

-Please check (☑) the description in each area which best describes your present level of activity-

How long have you been maintaining the current exercise pattern as you described in the question above?

- ☐ 5 weeks or more
- ☐ 4-5 weeks
- ☐ 3-4 weeks
- ☐ Under 3 weeks

B. Strength Training:

Have you had experience with any type of strength or weight training?

- ☐ No experience
- ☐ Free-weights
- ☐ Selectorized (pin adjusted) weight machines
- ☐ Physio balls, medicine balls, Bosu, Dyna Discs
- ☐ Other (please note) ________________________________

If you are currently involved in weight or strength training, how often do you work out? ___________________

Length of workout? ___________________ Effort Level of workout? ______________________________

How long have you been maintaining this exercise pattern? ____________________________________

C. Other Activities:

List other activities that you participate in or enjoy. (Such as racquetball, volleyball, basketball, etc.)

____

____

How much do you ski/snowboard? What type of terrain and at what intensity? ________________________________

____

How far do you walk each day? ____

Were you a high school or college athlete? YES ☐ NO ☐

If yes, give details

____

____

Describe your job and its exercise patterns: ____

____

3. MOTIVATION: What motivated you to become involved in the fitness program?

- ☐ Improved fitness
- ☐ Improved athletic performance in my sports
- ☐ Overall health
- ☐ Relief or freedom from stress
- ☐ Rehabilitation from an injury
- ☐ Weight loss
- ☐ Weight gain
- ☐ Other: ______________________________________

How much time per week can you realistically spend on exercise? ________________________________

____

What are some of your goals you would like to achieve through an exercise program? ________________

____

____

If you are interested in personal training what days of the week and times work best for you?

____

4. DIET:

Estimate the intake of fats in your diet. Check (☑) all those that apply.

	Never	Occasionally	Several times/week	One time per day	Three or more servings per day
• Red Meat	☐	☐	☐	☐	☐
• Fried Foods	☐	☐	☐	☐	☐
• Whole Dairy Products *(ice cream, cheese, etc.)*	☐	☐	☐	☐	☐
• Potato Chips, etc.	☐	☐	☐	☐	☐
• Cookies, Cakes, etc.	☐	☐	☐	☐	☐
• Lean Meats	☐	☐	☐	☐	☐
• Butter/Margarine	☐	☐	☐	☐	☐
• Dressing/mayonnaise	☐	☐	☐	☐	☐

Estimate the intake of whole grains (breads, cereals, pasta) and fruits and vegetables in your diet.

WHOLE GRAINS		FRUITS VEGETABLES	
☐	Three or more times per day	☐	Three or more times per day
☐	Once per day	☐	Once per day
☐	Several times per week	☐	Several times per week
☐	Occasionally	☐	Occasionally
☐	Never	☐	Never

5. HEALTH HISTORY:

-HAVE YOU EVER HAD-	YES	NO	Comments:
Rheumatic fever	☐	☐	______________________
Heart murmur	☐	☐	______________________
Any heart trouble	☐	☐	______________________
Seizures	☐	☐	______________________
Disease of arteries	☐	☐	______________________
Varicose veins	☐	☐	______________________
Lung disease	☐	☐	______________________
Injuries to back	☐	☐	______________________
Injuries to knee	☐	☐	______________________

Operations (explain)____

____

6. PRESENT SYMPTOMS REVIEW:

-HAVE YOU RECENTLY HAD-	YES	NO	Comments:
Chest pain at rest	☐	☐	______________________
Chest pain with exercise or emotional stress	☐	☐	______________________
Shortness of breath	☐	☐	______________________
Asthma	☐	☐	______________________
Irregular or rapid heart beat	☐	☐	______________________
Fainting or dizziness	☐	☐	______________________
Weakness or numbness of arm or leg	☐	☐	______________________
Balance problem while walking or standing	☐	☐	______________________
Back pain	☐	☐	______________________
Knee pain	☐	☐	______________________
Swollen, stiff or painful joints	☐	☐	______________________
Allergies	☐	☐	______________________
Currently Pregnant	☐	☐	______________________

Other____

7. FAMILY HISTORY:

-HAS ANY RELATIVE HAD-	YES	NO
Heart attack	☐	☐
High blood pressure	☐	☐
High Cholesterol	☐	☐
Diabetes	☐	☐
Congenital heart disease	☐	☐
Heart operations	☐	☐
Other	☐	Explain____

When did you have your last physical? ___________________________

Do you have any physical condition, impairment or disability, including any spine, joint or muscle problems, that should be considered before you begin an exercise program? _______________________________________
____

Is there any good physical or medical reason not mentioned here why you should not follow an activity program even if you wanted to? ____
____

If you answered YES to three or more questions, and if you have not recently done so, consult with your doctor by phone or in person BEFORE starting an exercise program. Ask your doctor if you may participate in:

1) Unrestricted physical activity on a gradually increasing basis
2) Restricted activity to meet your specific needs.

If you have answered NO to ALL questions, you have reasonable assurance that you may begin a graduated exercise program or have an exercise test.