



13. Please circle any of the following for which you have been diagnosed or treated by a physician or health professional:

- |                                |                                    |                                 |
|--------------------------------|------------------------------------|---------------------------------|
| Alcoholism <i>SEP</i>          | Diabetes <i>SEP</i>                | Kidney problem <i>MC</i>        |
| Anemia, sickle cell <i>SEP</i> | Emphysema <i>SEP</i>               | Mental illness <i>SEP</i>       |
| Anemia, other <i>SEP</i>       | Epilepsy <i>SEP</i>                | Neck strain <i>SLA</i>          |
| Asthma <i>SEP</i>              | Eye Problems <i>SLA</i>            | Obesity <i>RF</i>               |
| Back Strain <i>SLA</i>         | Gout <i>SLA</i>                    | Phlebitis <i>MC</i>             |
| Bleeding trait <i>SEP</i>      | Hearing Loss <i>SLA</i>            | Rheumatoid arthritis <i>SLA</i> |
| Bronchitis, chronic <i>SEP</i> | Heart Problem <i>MC</i>            | Stroke <i>MC</i>                |
| Cancer <i>SEP</i>              | High blood pressure <i>RF</i>      | Thyroid problem <i>SEP</i>      |
| Cirrhosis, liver <i>MC</i>     | Hypoglycemia <i>SEP</i>            | Ulcer <i>SEP</i>                |
| Concussion <i>MC</i>           | Hyperlipidemia <i>RF</i>           | Osteoporosis                    |
| Congenital defect <i>SEP</i>   | Infectious mononucleosis <i>MC</i> | Other _____                     |

14. Circle all medicine taken in last 6 months:

- |                         |  |                         |
|-------------------------|--|-------------------------|
| Blood thinner <i>MC</i> | Epilepsy medication <i>SEP</i>           | Nitroglycerin <i>MC</i> |
| Diabetic <i>SEP</i>     | Heart rhythm medication <i>MC</i>        | Oral Contraceptives     |
| Digitalis <i>MC</i>     | High blood pressure medication <i>MC</i> | Other _____             |
| Diuretic <i>MC</i>      | Insulin <i>MC</i>                        |                         |

15. Any of these health symptoms that occurs frequently is the basis for medical attention. Circle the number indicating how often you have each of the following:

- 5 = Very often  
 4 = Fairly often  
 3 = Sometimes  
 2 = Infrequently  
 1 = Practically never

- |                                   |   |
|-----------------------------------|---|
| a. Cough up blood <i>MC</i>       | g. Swollen joints <i>MC</i>                       |
| 1    2    3    4    5             | 1    2    3    4    5                             |
| b. Abdominal pain <i>MC</i>       | h. Feel faint <i>MC</i>                           |
| 1    2    3    4    5             | 1    2    3    4    5                             |
| c. Low-back pain <i>MC</i>        | i. Dizziness <i>MC</i>                            |
| 1    2    3    4    5             | 1    2    3    4    5                             |
| d. Leg pain <i>MC</i>             | j. Breathless with slight exertion <i>MC</i>      |
| 1    2    3    4    5             | 1    2    3    4    5                             |
| e. Arm or shoulder pain <i>MC</i> | k. Palpitation or fast heart beat <i>MC</i>       |
| 1    2    3    4    5             | 1    2    3    4    5                             |
| f. Chest pain <i>RF MC</i>        | l. Unusual fatigue with normal activity <i>MC</i> |
| 1    2    3    4    5             | 1    2    3    4    5                             |

**Part 3. Health-related behavior**

16. *RF* Do you now smoke?            Yes    No

17. *RF* If you are a smoker, indicate the 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, none inhaled	

18. *RF* Do you exercise regularly?    Yes    No

19. How many days per week do you accumulate 30 minutes in vigorous exercise?  
0    1    2    3    4    5    6    7    days per week

20. Can you walk 3 miles briskly without fatigue?    Yes    No

21. Weight now: \_\_\_\_\_lb.    One year ago: \_\_\_\_\_lb.    Age 21: \_\_\_\_\_lb.

**Part 4. Health-related attitudes**

22. *RF* These are traits that have been associated with coronary-prone behavior. Circle the number that corresponds to how you feel:

- 6 = Strongly agree
- 5 = Moderately agree
- 4 = Slightly agree
- 3 = Slightly disagree
- 2 = Moderately disagree
- 1 = Strongly disagree

I am impatient and time-conscious.

1    2    3    4    5    6

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