



AEROBIC ACTIVITIES

- Are you currently involved in a routine of regular exercise (moderate continuous exertion of at least 20 minutes duration on at least 3 days each week?) If NO, go to the next section RESISTANCE TRAINING ACTIVITIES. yes no
- How long have you been exercising regularly? ____yrs ____mos ____wks
- For the last month, which of the following activities have you performed regularly? Please check yes for all that apply and no if you do not perform the activity; provide an estimate of the amount of activity for all marked yes. Please be as complete as possible.

walking yes no

How many workouts per week and average duration in minutes? ____/____

jogging / running yes no

How many workouts per week and average duration in minutes? ____/____

treadmill yes no

How many workouts per week and average duration in minutes? ____/____

bicycling (outdoor) yes no

How many workouts per week and average duration in minutes? ____/____

stationary cycling / other aerobic machine yes no

How many workouts per week and average duration in minutes? ____/____

Type of machine?

swimming laps yes no

How many workouts per week and average duration in minutes? ____/____

aerobic dance / floor exercises yes no

How many workouts per week and average duration in minutes? ____/____

racquet sports yes no

How many workouts per week and average duration in minutes? /
Type of racquet sport?

RESISTANCE TRAINING ACTIVITIES

- Are you currently involved in a muscle strengthening program? yes no
If yes, please select all that apply:
 calisthenics free weights weight training machines other
- How many workouts per week and average duration in minutes? ____/____

OCCUPATIONAL RELATED PHYSICAL ACTIVITIES

- How active are you on most days?
Select one of the following:
 - very light** – mostly sitting or standing
 - light** – walking, light lifting, light packing some of the time
 - moderate** – walking, light-moderate lifting/carrying, half of the time or more
 - physical** – brisk walking, lifting/carrying heavy objects more than half the time

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I have answered all above questions to the best of my knowledge and I agree that by withholding information I may be placing my health at risk.

Signature _____ Date _____



American Heart Association®/American College of Sports Medicine® Health History Questionnaire

First Name _____ MI _____ Last Name _____

Male Female Birthdate: / / Height: _____ Weight: _____

■ History

You have had:

- _____ heart attack
- _____ heart surgery
- _____ cardiac catheterization
- _____ coronary angioplasty (PTCA)
- _____ pacemaker/implantable cardiac defibrillator/rhythm disturbance
- _____ heart valve disease
- _____ heart failure
- _____ heart transplantation
- _____ congenital heart disease

■ Symptoms

- _____ You experience chest discomfort with exertion.
- _____ You experience unreasonable breathlessness.
- _____ You experience dizziness, fainting, blackouts.
- _____ You take heart medications.

■ Other health issues

- _____ You have musculoskeletal problems.
- _____ You have concerns about the safety of exercise.
- _____ You take prescription medication(s). What are they? _____

■ Cardiovascular Risk Factors

- _____ You are a man older than 45 years.
- _____ You are a woman older than 55 years or have had a hysterectomy or are post menopausal.
- _____ You have diabetes
- _____ You smoke.
- _____ Your blood pressure is > 140/90.
- _____ You don't know your blood pressure.
- _____ You take blood pressure medication.
- _____ Your blood cholesterol level is > 240 mg/dl.
- _____ You don't know your cholesterol level.
- _____ You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister).
- _____ You are physically inactive (ie, you get < 30 minutes of physical activity on at least 3 days per week.
- _____ You are > 20 pounds overweight.

■ Other:

_____ None of the above are true.

