

**EXERCISE HEALTH QUESTIONNAIRE**

Today's Date \_\_\_\_\_

**Biographical Data (PLEASE COMPLETE ALL FIELDS)**Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_  
FIRST MIDDLE LAST

Status: Faculty \_\_\_\_ Staff \_\_\_\_ Spouse \_\_\_\_ (If spouse give full name of ASU employee) \_\_\_\_\_

ASU Dept. \_\_\_\_\_ ASU Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Banner ID# \_\_\_\_\_ (Health Promotion uses this number as an identifying factor for your records)

Home address \_\_\_\_\_  
Street/Road City State Zip

Home Phone # \_\_\_\_\_ Physician \_\_\_\_\_ Exercise group(s) you are interested in \_\_\_\_\_

Emergency contact (required) \_\_\_\_\_ Relationship \_\_\_\_\_ at phone number \_\_\_\_\_

**Please check all that apply:****Heart Related Conditions***You have had:*

- A 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

**Other Health Related Conditions**

- You have muscle or joint injury problems.  
Please list \_\_\_\_\_
- \_\_\_\_\_
- You take prescription medication(s)
- You are pregnant
- You have had cancer
- You have fibromyalgia
- You have osteoarthritis
- You have other conditions that may limit your exercise.  
Please list \_\_\_\_\_
- \_\_\_\_\_

**Heart Disease Related Risk Factors:****Hypertension**

- your blood pressure is usually above 140/90
  - you are on medication for high blood pressure
- List what medication you are on \_\_\_\_\_

**Blood Sugar** most day of the week

- Your glucose has been 100 mg/dl or above
- You are a diabetic

**Obesity**

- You consider yourself at least 20 lbs. overweight
- Your height \_\_\_\_\_
- Your weight \_\_\_\_\_

**Cigarette smoker**

- you smoke
- have quit within the past 6 months

**Cholesterol**

- Your total cholesterol is over 200 mg/dl
- Your LDL is over 130 mg/dl
- Your HDL is under 35 mg/dl
- Your HDL is over 60 mg/dl
- I do not know any of my cholesterol numbers

**Family History** — heart attack, angioplasty, stint, or sudden death

- before age 55 in father or brother
- before age 65 in mother or sister

**Exercise Level**

- You work out a total of 30 minutes or more on most days of the week

**Please read and sign this informal consent statement:**

I understand the nature of the Health Promotion Program and its purpose in providing various exercise classes. I am aware that any strenuous activity involves certain risks including, but not exclusive to, cardiovascular problems and orthopedic injuries. I hereby agree to assume the risk of any and all accidents or injuries of any kind which may be sustained by me by reason of or in connection with my participation in the Health Promotion Program, and I hereby release, hold harmless and indemnify Appalachian State University, its agents and employees from any claims or causes of action, and all liability or responsibility, for any such accident or injury whether or not such an event or injury is caused by or results from the negligence of the University or its agents or employees.

I hereby agree to abide by all rules and regulations of the Program. I understand that from time to time medical information and data collected may be used for research purposes and I hereby consent to such uses as long as confidentiality is maintained.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to: Health Promotion, 12 Varsity Gym, or Fax to 262-7019