

**HEALTH RISK ASSESSMENT
TAKEN FROM AMERICAN COLLEGE OF SPORTS MEDICINE**

PLEASE ANSWER EVERY QUESTION

CIRCLE YOUR ANSWER

1. Has anyone in your immediate family (mother, father, sister or brother) had a heart attack or died suddenly of a heart related disorder before 55 (men) or 65 (women)?

Yes No Don't know

2. Are you on medications for high blood pressure or is your blood pressure higher than 140/90?

Yes No Don't know

3. Is your total cholesterol greater than 200mg/dl or is your HDL cholesterol less than 35 mg/dl?

Yes No Don't know

4. Do you have diabetes?

Yes No Don't know

If you answered yes, what type of diabetes?

Type 1 Type 2

5. Please select the average amount of time you are involved in each of the following activities and also how many times per month.

Activity of moderate intensity or greater	Minutes per session	Times per month
a. Aerobic exercise (walking, jogging, swimming, cycling, etc.)	0-9	0-7 times
	10-30	8-12 times
	<u>31+</u>	<u>13+ times</u>
b. Strength training (push-ups, pull-ups, crunches, free weights, machines, etc)	0-4	0-3 times
	5-10	9+ times
	<u>11+</u>	
c. Sport (tennis, soccer, golf (walking), etc.)	0-19	0-3 times
	20-30	9+ times
	<u>31+</u>	
d. Occupational Activity (walking, lifting, etc,)	0-19	0-7 times
	20-30	8-12 times
	<u>31+</u>	<u>13+ times</u>
e. Household Activity (housework, yard work, etc.)	0-19	0-7 times
	20-30	8-12 times
	<u>31+</u>	<u>13+ times</u>

6. Do you smoke:

Yes No

7. Has your doctor or other health professional ever told you that you have a heart condition?

Yes No

8. Do you ever feel pain or discomfort in your chest when you do physical activity?

Yes No Don't know

9. Do you ever experience dizziness or even lose consciousness?

Yes No Don't know

10. Do you have a bone, joint or muscle problem that could be made worse by participating in physical activity?

Yes No Don't know

11. If "Yes" to the previous question – what are the bones, joints or muscles that might be injured with physical activity? (circle all that apply)

foot	ankle	lower leg	knee
upper leg	hip	groin	lower back
chest	upper back	neck	shoulder
upper arm	elbow	forearm	hand

12. What is your current bodyweight? _____

What is your height? ___ feet ___ inches

13. Do you know of any reason why participating in an exercise program or any physical activity might be harmful to your health?

Yes No Don't know

14. Exercise status: (circle one)

not intending to exercise intending to exercise but not exercising now
exercise irregularly exercise regularly

15. If female-are you or might you be pregnant?

Yes No

If female and NO to previous question – have you been pregnant within the past six months?

Yes No

I understand that it is strongly recommended that I visit my family physician before beginning this WELLNESS PROGRAM (covered by your wellness on your insurance). I understand that I have to do this health assessment and sign the liability waiver before beginning the exercise program and provided equipment.

SIGNATURE

DATE