SOUTHWEST MINNESOTA STATE UNIVERSITY

WELLNESS & HUMAN PERFORMANCE CENTER

Today's Date: _____

HEALTH HISTORY QUESTIONNAIRE

Name _____ Date of Birth _____

Address _____ Phone (home) _____(work) _____

_____ Cell phone number _____

City State Zip Code

Age _____ Female _____ Male _____

Medications (name, dosage, and how long) _____

_____

Medical History/Risk Factors

Past History ***Have you ever had?***	***(x)***	***Date***
Rheumatic Fever	☐	_____
Heart Murmur	☐	_____
High Blood Pressure	☐	_____
High Blood Cholesterol	☐	_____
Heart Trouble	☐	_____
Disease of the Arteries	☐	_____
Varicose Veins	☐	_____
Lung Disease	☐	_____
Diabetes	☐	_____
Surgery	☐	_____
Injuries to back, knees, ankles etc.	☐	_____
Arthritis	☐	_____
Epilepsy	☐	_____
Drug Allergies	☐	_____

Other (explain _____

_____

_____

_____

Present Symptoms Review ***Have you recently had?***		***Date***
Chest Pain	☐	_____
Shortness of Breath	☐	_____
Irregular Heart rate	☐	_____
Cough on Exertion	☐	_____
Coughing of Blood	☐	_____
Back Pain	☐	_____
Swollen, Stiff or Painful Joints	☐	_____
Fainting	☐	_____
Pregnancy	☐	_____

Family History ***Have any of your relatives had?***	***Age***	***Relative***
Heart Attacks	_____	_____
	_____	_____
	_____	_____
High Blood Pressure	_____	_____
	_____	_____
	_____	_____
High Cholesterol	_____	_____
	_____	_____
	_____	_____
Diabetes	_____	_____
	_____	_____
Congenital Heart Disease	_____	_____
Other	_____	_____

Explain _____

_____

Smoking	***Yes***	***No***
Do you smoke?	☐	☐
Have you ever smoked?	☐	☐
Cigarettes	☐	☐
Pipe	☐	☐
Cigar	☐	☐
Smokeless tobacco	☐	☐

If yes to any of the above, please indicate how many a day and for how many years. _____

At what age did you start? _____

If you stopped, when? _____

Why? _____

Nutrition

What is your present weight?_____1 year ago_____

At age 21 you weighed _____

Are you dieting? _____ Why? _____

_____

Rate your diet in relation to fat content, e.g. eggs, butter, whole milk and other dairy products, red meat, fried foods, baked goods.

_____ Low fat _____ Average fat

_____ Above average fat _____High fat

Caffeine Intake _____Cups per day (Coffee, tea, cola drinks)

Alcohol Intake _____ Drinks per day ((Beer, wine, liquor) (one drink = 12 oz beer, 4 oz dry wine or 1.5 oz liquor)

Exercise

Do you participate in regular physical activity? _____

Type of activity?_____ (walk, run, swim, dance)

Number of times per week? _____

Time and/or distance per exercise session _____

Is your occupation:_____ Sedentary _____Active

_____Mostly inactive _____ Heavy work

Do you have any discomfort, shortness of breath or pain with moderate exercise? _____

_____

Stress

Rate yourself in relation to tension:

_____ Usually relaxed

_____ Relaxed, but occasionally tense

_____ Tense more often than relaxed

_____ Very tense

Rate the amount of stress experienced in your occupation:

_____ Little _____Average

_____Above average _____Severe