ACSM Health Status Questionnaire

On this questionnaire, a number of questions regarding your physical health are to be answered. Please answer every question as accurately as possible so that a correct assessment can be made. Please place a tick in the space to the left of the question to answer "Yes." Leave blank if your answer is "No." Please ask if you have any questions. Your responses will be treated in a confidential manner.

Today's Date: __/__/____    Your Name: ________________________________

☐ Do you have any personal history of heart disease?
☐ Any personal history of metabolic disease (thyroid, renal, liver)?
☐ Have you had diabetes for less than 15 years?
☐ Have you had diabetes for 15 years or more?
☐ Have you experienced pain or discomfort in your chest apparently due to blood flow deficiency?
☐ Any unaccustomed shortness of breath (perhaps during light exercise)?
☐ Have you had any problems with dizziness or fainting?
☐ Do you have difficulty breathing while standing or sudden breathing problems at night?
☐ Do you suffer from ankle oedema (swelling of the ankles)?
☐ Have you experienced a rapid throbbing or fluttering of the heart?
☐ Have you experienced severe pain in leg muscles during walking?
☐ Do you have a known heart murmur?
☐ Do you have any family history of cardiac or pulmonary disease prior to age 55?
☐ Have you been assessed as hypertensive on at least 2 occasions?
☐ Has your serum cholesterol been measured at greater than 240 mg/dl?
☐ Has your HDL (the "good" cholesterol) been measured at greater than 60 mg/dl?
☐ Are you a cigarette smoker?
☐ Would you characterise your lifestyle as "sedentary"?

Thank you for taking the time to complete this questionnaire!