

**HEALTH QUESTIONNAIRE (65+)** Adapted from Exercise for Older Adults; ACE's Guide for Fitness Professionals 2005

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Physician Name \_\_\_\_\_

Clinic Name and Phone Number \_\_\_\_\_

YES	NO	<b>YOUR CURRENT HEALTH</b>
		1. Do you get chest pain while at rest and/or during exertion?
		2. If yes to #1 above, is it true that you have not had a physician diagnose those pains yet?
		3. Have you had a heart attack?
		If yes to #3 above, was your heart attack within the last year?
		5. Do you have high blood pressure?
		6. Do you know if you have diabetes?
		7. If the answer to #6 is yes, are you presently being treated for diabetes?
		8. Are you short of breath after extremely mild exertion, at rest, or at night in bed?
		9. Do you have ulcerated wounds or cuts on your feet that do not seem to heal?
		10. As an adult, have you ever had a fracture in the hip, spine, or wrist?
		11. Have you undergone joint replacement surgery? Joint: _____ Year: _____
		12. Do you get pain in your buttocks, thighs (front or back), or calves when you walk?
		13. While at rest, do you frequently experience fast, irregular heartbeats? Or, at the other extreme, very slow beats?
		14. Are you currently being treated for any heart or circulatory condition, such as vascular disease, stroke, angina, hypertension, congestive heart failure, poor circulation to the legs, heart valve disease, blood clots or pulmonary disease?
		15. Have you previously undergone either coronary angioplasty or heart bypass surgery, or both?
		16. Have you fallen more than twice in the past year (no matter what the reason)?
YES	NO	<b>LIFESTYLE AND BEHAVIOR</b>
		17. Are you a current or former smoker?
		18. Do drink more than 7 alcoholic drinks per week?
		19. Do you consume a well-balanced diet with plenty of fruits and vegetables?
		20. Do you exercise regularly (2 or more times) a week?
		21. Do you participate in active hobbies or sports?
		22. Do you get enough sleep on a regular basis?
		23. Do you manage your stress
		24. Are you satisfied with your support system and or social life?