Health History Questionnaire (HHQ)

Please Email, Fax or Return in a Sealed Envelope to:

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Coordinator of Fitness and Wellness
jviesselmann@regis.edu
Fax: 303-458-3566
Questions? Email or Call 303-458-4060

PART I.

Date:_______________________ D.O.B._______________________
Name:______________________________________________ Staff/Student ID:_______________
Address:______________________________________________________________________________________
Primary Phone #:________________________ Secondary Phone #:________________________
Personal Physician:________________________ Physician Phone #:________________________
Emergency Contact:________________________ Emergency Contact Phone #:________________
Email:__________________________________________________________________
___________________________________________________________________________________
__________

How many personal training sessions per week is desired? (please circle)

1 2 3 4

Please list all the days and time blocks you are available to meet with a personal trainer. Regis Wellness and Recreation open at 6am on weekdays and 10am on weeks. Our personal trainers could meet with clients as late as 9:30pm

Monday ________________________ Tuesday ________________________
Wednesday ______________________ Thursday ________________________
Friday ________________________
Saturday ________________________ Sunday ________________________
PART II. Medical History

Have you ever had any family history of chronic disease (heart disease, diabetes, etc.)?  
YES / NO

IF YES please list______________________________

Have you ever been diagnosed or treated for any chronic disease including asthma?  
YES / NO

IF YES please list______________________________

Are you currently taking any medications?  
YES / NO

IF YES please list______________________________

PART III Fitness Information

Have you had any injuries related to physical activity?  
YES / NO

IF YES please list______________________________

Do you suffer from chronic pain?  
YES / NO

IF YES please list______________________________

Have you ever participated in resistance/weight training before?  
YES / NO

IF YES, please explain______________________________

Have you ever worked with a personal trainer before?  
YES / NO

IF YES, please explain______________________________

Are you currently involved in an exercise regimen?  
YES / NO

IF YES, please explain______________________________

How many days per week do you accumulate 30-60 minutes of moderate intensity activity?  
0 1 2 3 4 5 6 7 days per week

How many days per week do you accumulate 20-60 minutes of vigorous intensity activity?  
0 1 2 3 4 5 6 7 days per week
PART IV. Health Related Behavior

Do you smoke? YES / NO
If YES how much/often?_____________________________________________

Do you drink alcohol regularly? YES / NO
If YES how much/often?_____________________________________________

How many hours of sleep do you normally get a night? _____________

PART V. Nutrition

How long after waking up do you consume your first meal? (please circle)
Less than 1 hour  1-2 hours  3 or more hours

How many times, on average, do you eat a day? ______________

How many servings of fruits/vegetables do you eat per day? ______________

How many times per week, on average, do you eat candy/dessert foods? ______________

How many times, on average, do you eat fast food per week? ______________

How many glasses of water do you drink per day? (approx.) ______________

How many servings of juices/drink (i.e. Snapple, Orange Juice) do you drink per day? (approx.) ______________

How many servings of soda do you drink per day? (approx.) ______________

How many cups of caffeinated beverages (i.e. coffee, tea) do you drink per day? (approx.) ______________

I would rate my current diet.
Horrible  1  2  3  4  5  6  7  8  9  Great

I eat in response to stress. (please circle)
Disagree  Somewhat Disagree  Somewhat Agree  Agree  NA
VI. Psychological

My job stresses me out. (please circle)

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>NA</th>
</tr>
</thead>
</table>

I am in the best shape of my life. (please circle)

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>NA</th>
</tr>
</thead>
</table>

When would you say you were in the best shape of your life? How did you feel?

____________________________________________________________________________________________

_______________________________________________________________________________________

I would rate my current health. (please circle)

Horrible 1 2 3 4 5 6 7 8 9 Great

VII. Goals

Do you have any health related fitness goals (i.e. lower blood pressure)? YES / NO

IF YES please list___________________________________________________

_______________________________________________________________________

Do you have any specific goals related to body composition? YES / NO

IF YES please list___________________________________________________

_______________________________________________________________________

Please list any other fitness goals you may have:

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

Do you wish to achieve these goals within a specific time frame? YES / NO

IF YES, please explain___________________________________________________