



# Health History Questionnaire (HHQ)

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

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## PART I.

Date: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ Staff/Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

Regis Email: \_\_\_\_\_

I am interested in (circle): 1 on 1 training Partner Training Group Training Behavior Change

If interested in partner or group and have members for either please list names: \_\_\_\_\_

How many personal training sessions per week is desired? (please circle) *Note: all training types must be completed by the end of the semester in which they are started.*

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 weekends. Our personal trainers could meet with clients as late as 8:30pm during the week and 6:30pm on the weekends.

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*

**PART VI. Psychological**

My job or school stresses me out. (please circle)

*Disagree      Somewhat Disagree      Somewhat Agree      Agree      NA*

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

*Disagree      Somewhat Disagree      Somewhat Agree      Agree      NA*

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

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How would you rate your current workout experience? (please circle)

- a. Beginner (I have never really worked out before)
- b. Intermediate (I work out occasionally but not consistently)
- c. Advanced (I work out on a regular basis and feel like I know what I am doing in the gym)

How often do you work out per week?

- a. I don't currently work out
- b. 0-60 minutes a week
- c. 61-120 minutes a week
- d. 121-150 minutes a week
- e. 151+ minutes (\_\_\_\_\_fill in number here)

I would rate my current health. (please circle)

Horrible      1      2      3      4      5      6      7      8      9      Great

**PART 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 \_\_\_\_\_