Health & Lifestyle Questionnaire

1390 Taylor Avenue, Winnipeg, Manitoba, R3M 3V8
Phone: (204) 488-8023 / Fax: (204) 488-4819

reh-fit centre

Name: _____ **Date:** _____

DOB: _____
Month Day Year

HEALTH SCREENING

Section 1

Do you have a history of any of the following? (*please check all that apply to you*)

Cardiovascular Disease:
- ☐ cardiac catheterization
- ☐ cardiac disease
- ☐ cerebrovascular disease (stroke/TIA)
- ☐ congenital heart disease
- ☐ coronary angioplasty
- ☐ heart attack
- ☐ heart failure
- ☐ heart surgery
- ☐ heart transplantation
- ☐ heart valve disease
- ☐ pacemaker/implantable cardiac defibrillator
- ☐ peripheral vascular disease (PVD)

Metabolic Disease:
- ☐ diabetes (Types 1 and 2)
- ☐ renal disease

Pulmonary Disease:
- ☐ asthma
- ☐ chronic obstructive pulmonary disease
- ☐ cystic fibrosis
- ☐ interstitial lung disease

Major Signs and Symptoms of Cardiovascular, Pulmonary or Metabolic Disease:
- ☐ chest discomfort with exertion
- ☐ dizziness, fainting, or blackouts
- ☐ unpleasant awareness of a forceful rapid heart rate
- ☐ take heart medications
- ☐ ankle swelling
- ☐ unreasonable breathlessness (at rest, with mild exercise, or when lying down)
- ☐ burning or cramping sensation in your lower legs when walking short distances
- ☐ pain or discomfort in the chest, neck, jaw, arms or elsewhere that may be due to ischemia (relative lack of blood supply)

Section 2

Are you presently?
- ☐ male and older than 45 years
- ☐ female and older than 55 years, had a hysterectomy (with ovaries removed), or are postmenopausal
- ☐ smoker (or quit within the past 6 months)
- ☐ hypertensive (blood pressure is >140/90 mm Hg) or on blood pressure medication
- ☐ more than 20 pounds overweight (BMI> 30)
- ☐ physically inactive (not exercising >=30 minutes, 3x/week for past 3 months)
- ☐ pre-diabetic (impaired fasting glucose 6.1 to 6.9 mmol/L or oral glucose tolerance test 7.8 to 11.0 mmol/L)

Do you have?
- ☐ a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)
- ☐ high total cholesterol >5.2 mmol/L
- ☐ high HDL (good) cholesterol (>=1.6 mmol/L)

HEALTH QUESTIONS

Y N Are you pregnant?

Y N Do you have any musculoskeletal problems/recent injuries (muscle, bone, or joint) that may affect your ability to exercise at Reh-Fit? If yes, please explain: _____

_____

Y N Do you have concerns about your ability to exercise safely at Reh-Fit (weakness, lack of coordination, poor balance, poor memory, pain, swelling or decreased range of motion etc.)? If yes, please explain:_____

_____

Y N Have you undergone any surgeries that may limit/affect your ability to exercise safely at the Reh-Fit? If yes, please explain:_____

_____

Y N Do you have a history of falls? Do you use a walking aid? *(please circle in addition to selecting Y/N)*

Have you ever been **diagnosed** with or **prescribed medication** for any of the following conditions?

- ☐ Neuropathies (problems with sensations)
- ☐ Multiple sclerosis
- ☐ Other neurological conditions
- ☐ Arthritis
- ☐ Parkinson's disease
- ☐ Polio/post-polio syndrome
- ☐ Osteoporosis
- ☐ Cancer
- ☐ Epilepsy or other seizure disorder
- ☐ Anxiety/Depression
- ☐ High cholesterol
- ☐ Cardiovascular disease
- ☐ High blood pressure
- ☐ Stroke
- ☐ Diabetes
- ☐ Thyroid disease
- ☐ Other (*please specify*): _____

Y N Do any of your medications cause side effects that might affect your ability to exercise (weakness, drowsiness, dizziness, confusion, lack of coordination, muscle or joint pain etc.)? If yes, please explain: _____

Y N Do you have any allergies to medication? If yes, please specify: _____

BODY COMPOSITION

Current Height_____ cm/inches Current Weight _____ kg/pounds

HEALTH & FITNESS GOALS

- ☐ Weight Loss
- ☐ Improved Strength and Flexibility
- ☐ Improved Overall Health
- ☐ Performance
- ☐ Other (*please specify*): _____

PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOR HISTORY

PHYSICAL ACTIVITY

Frequency: In a typical week, how many days do you do moderate-intensity (such as brisk walking) to vigorous-intensity (such as running) aerobic physical activity? _____ days per week

Time or Duration: On average for days that you do at least moderate-intensity aerobic physical activity (as specified above) how many minutes do you do? _____ minutes per week

In a typical week, how many times do you do muscle strengthening activity (such as resistance training or very heavy gardening)? _____ times per week

SEDENTARY BEHAVIOUR

On a typical day, how many hours do you spend in continuous sitting: at work, in meetings, volunteer commitments and commuting (i.e. by motorized transport)?

☐ None ☐ < 1 hour ☐ 1 to < 2 hours ☐ 2 to < 3 hours
☐ 3 to < 4 hours ☐ 4 to < 5 hours ☐ 5 to < 6 hours ☐ > 6 hours

On a typical day, how many hours do you watch television, use a computer, read, and spend sitting quietly during your leisure time?

☐ None ☐ < 1 hour ☐ 1 to < 2 hours ☐ 2 to < 3 hours
☐ 3 to < 4 hours ☐ 4 to < 5 hours ☐ 5 to < 6 hours ☐ > 6 hours

READINESS

The following questions will help us determine the best approach to help you achieve your goals and recommend the most appropriate programs and services available at the Centre.

1. Check the statement which most closely describes you.
   - ☐ I am not physically active and I do not plan on becoming so in the next six months.
   - ☐ I am not physically active, but I have been thinking about becoming so in the next six months.
   - ☐ I am physically active once in a while, but not regularly.
   - ☐ I am currently physically active, but have begun doing so within the last six months.
   - ☐ I am physically active and have done so for more than six months.
   - ☐ I was physically active in the past, but not now.

2. If you are not currently physically active, were you physically active in the past? Y/N

I have answered all questions truthfully and to the best of my knowledge. I have not knowingly withheld any information regarding my health.

I understand it is my responsibility to update the Reh-Fit Centre staff about any changes in health status that could affect my ability to safely participate at the Reh-Fit Centre.

_____ _____
Participant/Guardian Signature Date

Thank you for taking the time to complete our Health & Lifestyle Questionnaire.

OFFICE USE ONLY

Risk Stratification:

- ☐ 1. Low
- ☐ 2. Moderate
- ☐ 3. High

Stage of Change:

- ☐ Pre-Contemplation
- ☐ Contemplation
- ☐ Preparation
- ☐ Action
- ☐ Maintenance

Recommended:

- ☐ Level 1 Assessment
- ☐ Level 2/3 Assessment (without 12 lead GXT)
- ☐ Level 2/3 Assessment (with 12 lead GXT)
- ☐ Physiotherapist Consultation
- ☐ Nutrition Consultation
- ☐ Cardiac Rehabilitation Program

Staff Comments: _____

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Staff Signature