Just FIT StudiO

Personal Training

Comprehensive Health Risk Assessment

Name:_____ Date:_____ This questionnaire asks you a variety of questions about your health and lifestyle habits. It will take about ten minutes to complete. Please select the answer that best fits your behavior or situation for each question. Answering this questionnaire will help us to gain insight into the specific health risks that you may face in the future. If you are uncomfortable answering any of these questions, you may wish to talk with your healthcare professional in private. However, the more complete your answers, the better we can serve you!

OVERALL HEALTH

In general, compared to other persons your age, would you say your health is?
[ ] Excellent [ ] Very Good [ ] Good [ ] Fair [ ] Poor
What are the most important things you can do to improve your health? (Select 0 or more)
[ ] Exercise more [ ] Reduce drug use/medications [ ] Improve Eating Habits
[ ] Cut down on drinking alcoholic beverages [ ] Lose weight
[ ] Reduce stress levels [ ] Stop smoking [ ] Other:

PHYSICAL ACTIVITY/EXERCISE

Outside your normal work or daily responsibilities, how often do you engage in exercise that at least moderately increases your breathing and heart rate and makes you sweat for at least 20 minutes?
(Examples: brisk walking, cycling, swimming, jogging, aerobic dance, stair climbing, rowing, basketball, racquetball, vigorous yard work, etc)
[ ] 5 or more times per week [ ] 3 to 4 times per week [ ] 1 to 2 times per week
[ ] less than 1 time per week [ ] Seldom or Never
How much hard physical work is required on your job?
[ ] A great deal [ ] A moderate amount [ ] A little [ ] None
Would you say that you are physically_____other persons your age?
[ ] more active than [ ] less active than [ ] about as active as
How long have you exercised or played sports regularly?
[ ] I do not exercise regularly [ ] less than 1 year [ ] 1-2 years
[ ] 2-5 years [ ] 5-10 years [ ] more than 10 years

DIET

How often do you eat breakfast? [ ] Almost every day [ ] Sometimes [ ] Rarely or Never
On average, how many servings of fruit do you eat per day? (One serving = 1 medium apple, banana, orange, etc or 1/2 cup shopped, cooked, or canned fruit or 3/4 cup fruit juice)
[ ] none [ ] 1 [ ] 2 [ ] 3 [ ] 4 or more
On average, how many servings of vegetables do you eat per day? (One serving = 1/2 cup cooked or chopped ray, 1 cup raw leafy, 3/4 cup vegetable juice)
[ ] none [ ] 1 [ ] 2 [ ] 3 [ ] 4 or more

On average, how many servings of bread, cereal, rice, or pasta do you eat per day? (One serving = 1 slice of bread, 1 ounce of ready-to-eat cereal, 1/2 cup of cooked cereal, rice, or pasta) [ ] none [ ] 1 [ ] 2 [ ] 3 [ ] 4 or more
When you use grain and cereal products, do you emphasize:
[ ] whole grain, high fiber [ ] Mixture of whole grain and refined [ ] refined, low fiber
On average, how many servings of red meat (not lean) do you eat per day? (One serving = 2-3 ounces of steak, roast beef, lamb, pork chops, ham, burgers, etc)
[ ] none [ ] 1 [ ] 2 [ ] 3 [ ] 4 or more
On average, how many servings of fish, poultry, lean meat, cooked dry beans, peanut butter, or nuts do you eat per day? (One serving = 2-3 ounces meat, 1/2 cup cooked dry beans, two tablespoons peanut butter, or 1/3 cup of nuts) [ ] none [ ] 1 [ ] 2 [ ] 3 [ ] 4 or more
On average, how many servings of dairy products do you eat per day? (One serving = 1 cup of milk or yogurt, 1.2 ounces of natural cheese, 2 ounces of processed cheese)
[ ] none [ ] 1 [ ] 2 [ ] 3 [ ] 4 or more
When you use dairy products, do you emphasize: [ ] regular [ ] low-fat [ ] non-fat
How would you characterize your intake of fats and oils? (regular salad dressings, butter or margarine, mayonnaise, vegetable oils) [ ] high [ ] moderate [ ] low

BODY WEIGHT

How tall are you feet ___inches _____
How much do you weigh? _____pounds____
What is the most you have ever weighed? _____pounds___
Do you consider yourself? [ ] Overweight [ ] Underweight [ ] Just about right
Are you NOW trying to? [ ] Lose weight [ ] Gain weight [ ] Maintain weight
[ ] Not trying to do anything

PSYCHOLOGICAL AND SOCIAL HEALTH

How have you been feeling in general during the past month?
[ ] In excellent spirits [ ] in very good spirits [ ] in good spirits mostly
[ ] I've been up and down [ ] in low spirits mostly [ ] in very low spirits
During the past month, would you say that you experienced ____stress?
[ ] a lot of [ ] moderate [ ] relatively little [ ] almost none
In the past year, how much effect has stress had on your health?
[ ] a lot [ ] some [ ] hardly any or none
Have you suffered a serious personal loss or misfortune in the past year? (For example, divorce or separation, jail term, death of a close person, job loss, disability, etc)
[ ] No [ ] Yes, one serious loss [ ] Yes, two or more serious losses
On average, how many hours of sleep do you get per night?
[ ] less than 5 [ ] 5 to 6.9 [ ] 7 to 9 [ ] more than 9
How often do you get insufficient rest so that you are unable to function efficiently?
[ ] Less than weekly [ ] usually one night per week
[ ] Two to three nights per week [ ] 4 or more nights per week

How many friends and relatives (including your spouse) do you feel close to? (People that you feel at ease with, can talk to about private matters, and can call on for help)
[ ] 10 or more [ ] 5 to 9 [ ] 1 to 4 [ ] none
In general, how strong do you feel your social ties are with your family and friends?
[ ] Very strong [ ] About average [ ] Weaker than average
How would you define your spiritual health? *(Spiritual* health has been defined as the ability to discover*,* articulate, and act on one's own basic purpose in life: to learn how to give and receive love, joy, and peace; to pursue a fulfilling life; and to contribute to the improvement of the spiritual health of others*.)* [ ] Good to excellent [ ] Fair to Poor [ ] Very poor

SUBSTANCE USE

Have you smoked at least 100 cigarettes in your entire life?[ ] yes [ ] no
How would you describe your cigarette smoking habits? [ ] Never smoked
[ ] Used to smoke How many years has it been since you smoked?_____
[ ] Currently smoke. How many cigarettes per day do you smoke on average?_____
How many alcoholic drinks do you consume? (A "drink" is a glass of wine, a wine cooler, a bottle/can of beer, a shot glass of liquor, or a mixed drink)
[ ] Never use alcohol [ ] Less than 1/week [ ] 1 to 6 per week
[ ] 1 per day [ ] 2 to 3 per day [ ] more than 3 per day
In the past month, how many times did you have five or more drinks on one occasion?
[ ] None [ ] Once [ ] Twice
[ ] Three to five times [ ] Six to nine times [ ] Ten or more times
In the past 12 months have you used:
Sleeping pills? [ ] Yes [ ] No
Pep pills, stimulants, crank, ice? [ ] Yes [ ] No
Tranquilizers such as valium? [ ] Yes [ ] No
Cocaine? [ ] Yes [ ] No
Marijuana or hashish? [ ] Yes [ ] No
Other mood or mind-altering drugs? [ ] Yes [ ] No

PERSONAL HEALTH AND SAFETY

When did you last:	Last 6 months	6-12 months	1-2 years	2+ years	Never
See a doctor for a physical?	[ ]	[ ]	[ ]	[ ]	[ ]
See a dentist for an exam?	[ ]	[ ]	[ ]	[ ]	[ ]
Check your blood pressure?	[ ]	[ ]	[ ]	[ ]	[ ]
Check your cholesterol?	[ ]	[ ]	[ ]	[ ]	[ ]

Have you ever been told by a doctor or other health professional that you had:
Hypertension (high blood pressure) [ ] Yes [ ] No
High Cholesterol [ ] Yes [ ] No
Diabetes [ ] Yes [ ] No
Did either of your parents, or one of your siblings,
have one of the following before the age of 60?
Coronary heart disease [ ] Yes [ ] No
Stroke [ ] Yes [ ] No
Cancer [ ] Yes [ ] No
Diabetes [ ] Yes [ ] No