General Health Questionnaire

Name: .....
Address: .....
.....
.....
Mobile Phone number: .....

Name of the responsible investigators for the study:

.....Melissa Anderson.....

Please answer the following questions. If you have any doubts or difficulty with the questions, please ask the investigator for guidance. These questions are to determine whether the proposed exercise is appropriate for you. Your answers will be kept strictly confidential.

1.	You are..... ☐ Male ☐ Female		
2.	What is your exact date of birth? Day..... Month.....Year ..... So your age is..... Years		
3.	When did you last see your doctor? In the: ☐ Last week ☐ Last month ☐ Last six months ☐ Year ☐ More than a year.....		
4.	Are you currently taking any medication? If you answered yes, please specify name, dose, and frequency:	☐ YES	☐ NO
5.	Are you currently taking any supplements? If you answered yes, please specify name, dose, and frequency:	☐ YES	☐ NO
6.	Has your doctor ever advised you not to take vigorous exercise?	☐ YES	☐ NO

7.	Has your doctor ever said you have “heart trouble”?	☐ YES	☐ NO
8.	Has your doctor ever said you have high blood pressure?	☐ YES	☐ NO
9.	Have you ever taken medication for blood pressure or your heart?	☐ YES	☐ NO
10.	Do you feel pain in your chest when you undertake physical activity?	☐ YES	☐ NO
11.	In the last month have you had pains in your chest when not doing any physical activity?	☐ YES	☐ NO
12.	Has your doctor (or anyone else) said that you have raised blood cholesterol?	☐ YES	☐ NO
13.	Have you had a cold or feverish illness in the last month?	☐ YES	☐ NO
14.	Do you ever lose balance because of dizziness, or do you ever lose consciousness?	☐ YES	☐ NO
15.	a) Do you suffer from back pain b) if so, does it ever prevent you from exercising?	☐ YES ☐ YES	☐ NO ☐ NO
16.	Do you suffer from asthma?	☐ YES	☐ NO
17.	Do you have any joint or bone problems which may be made worse by exercise?	☐ YES	☐ NO
18.	Has your doctor ever said you have diabetes?	☐ YES	☐ NO
19.	Have you ever had viral hepatitis?	☐ YES	☐ NO
20.	If you are female, to your knowledge, are you pregnant?	☐ YES	☐ NO
21.	Do you know of any reason, not mentioned above, why you should not exercise?	☐ YES	☐ NO
22.	Are you accustomed to vigorous exercise (an hour or so a week)?	☐ YES	☐ NO
23.	Has your bodyweight remained constant for the past 2 months (no greater difference than 40 lbs)?	☐ YES	☐ NO
24.	a) Have you ever had an ECG? b) if so, have you ever been told you had a heart abnormality?	☐ YES ☐ YES	☐ NO ☐ NO
25.	Do you have a history of heart disease (stroke, heart attack, or other) in your family?	☐ YES	☐ NO

I have completed the questionnaire to the best of my knowledge and any questions I had have been answered to my full satisfaction.

Signed: .....

Date: .....

PLEASE FAX DIRECTLY BACK TO GSSI AT 941-201-3820