



## Health History Questionnaire

This information is confidential and used solely for the purpose of Risk Assessment.

Name: \_\_\_\_\_

1. Do you smoke cigarettes? If so, how often?
2. Do you have diabetes?
3. Do you have asthma?
4. Have you ever had a heart attack or stroke? If so, when?
5. If you answered "Yes" to #4, have you been cleared for physical activity?
6. Has anyone in your immediate family (mom, dad, brother or sister) ever had a heart attack or stroke prior to age 50? If so, when?
7. Have you ever been advised to avoid strenuous physical activity by a doctor or healthcare provider? If so, when and why?
8. Do you have any knee, back or neck injuries or any other health issues or concerns the instructor should know about?