

**CSUN EXERCISE PHYSIOLOGY LABORATORY**  
**HEALTH STATUS and EXERCISE SURVEY**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ CSUN Student?  Yes  No ID# \_\_\_\_\_

*Note: Your responses will remain strictly confidential.*

1. Do you take any prescription medications? \_\_\_\_\_ yes / no
2. Do you take any non-prescription medications? \_\_\_\_\_ yes / no
3. Do you use alcohol? How much and how often? \_\_\_\_\_ yes / no
4. Do you use tobacco? How much and how often? \_\_\_\_\_ yes / no
5. Do you use recreational or performance enhancing drugs? \_\_\_\_\_ yes / no
6. Are you allergic to any medicines, pollens, foods, insects or pets? (circle) \_\_\_\_\_ yes / no
7. Have you ever fainted, been knocked out, or lost consciousness? (circle) \_\_\_\_\_ yes / no
8. Do you have problems with headaches? \_\_\_\_\_ yes / no
9. Have you ever had seizures, "fits", convulsions, or epilepsy? (circle) \_\_\_\_\_ yes / no
10. Have you ever been told that you have/might have high blood pressure? \_\_\_\_\_ yes / no
11. Have you ever been told that you have a heart problem or murmur? \_\_\_\_\_ yes / no
12. Have you ever been told that you have an abnormal EKG or ECG? \_\_\_\_\_ yes / no
13. Have you ever been told that your blood cholesterol level was high? \_\_\_\_\_ yes / no
14. Have you even been told that you have diabetes? \_\_\_\_\_ yes / no
15. Do you ever have problems with chest pain? \_\_\_\_\_ yes / no
16. Do you ever have any difficulty breathing? \_\_\_\_\_ yes / no
17. Has anyone in your family died suddenly other than in an accident? \_\_\_\_\_ yes / no
18. Do you ever get cramps in your legs when you walk or exercise? \_\_\_\_\_ yes / no
19. Have you ever had surgery ? (please specify) \_\_\_\_\_ yes / no
20. Have you ever had problems from heat or cold exposure? \_\_\_\_\_ yes / no
21. Have you ever had abnormal bleeding tendencies or anemia? \_\_\_\_\_ yes / no
22. Is there anything you would like to ask us about? \_\_\_\_\_ yes / no
23. When was the last time you saw a Doctor? \_\_\_\_\_ Why? \_\_\_\_\_
24. (Women only) How many menstrual periods have you missed this past year? \_\_\_\_\_
25. Have you any other medical conditions? \_\_\_\_\_ yes / no

(over)

If you have had any of the following, please circle if on your right or left side, and indicate if these occurred in the past year or more than a year ago:

Injuries or problems with your shoulders or arms?	R	L	past yr	earlier
Injuries or problems with your elbows, wrists or hands?	R	L	past yr	earlier
Injuries or problems with your hips?	R	L	past yr	earlier
Injuries or problems with your knees?	R	L	past yr	earlier
Injuries or problems with your ankles?	R	L	past yr	earlier
Injuries or problems with your feet?	R	L	past yr	earlier
Broken bones? (specify) _____	R	L	past yr	earlier
Dislocated joints? (specify) _____	R	L	past yr	earlier
Muscle pulls or strains? (specify) _____	R	L	past yr	earlier
"Shin splints"?	R	L	past yr	earlier
Neck or back pain for more than one day?			past yr	earlier
Pinched nerve?			past yr	earlier

- How many days per week do you normally exercise? 0 1 2 3 4 5 6 7
- For what duration (in minutes) do you normally exercise at each session? (circle one)  
Less than 15 15-30 30-45 45 or more
- Please check the activities in which you participate at least once per week:  
Aerobic dance  Tennis  Bowling  Golf   
Bicycling  Jump rope  Swimming  Basketball   
Walking  Running  Jogging  Other \_\_\_\_\_
- Circle the number which best describes your physical effort during normal exercise:  
0 None at all 5 Strong (heavy)  
0.5 Very, very weak (just noticeable) 6  
1 Very weak 7 Very strong  
2 Weak (light) 8  
3 Moderate 9  
4 Somewhat strong 10 Very, very strong (almost maximal)
- How long have you been regularly participating at the activity level described in questions 1, 2 & 4 above?  
Not regular Less than 1 year 1-2 years 2-3 years 3 or more
- How physically demanding is your occupation? (amount of physical activity required by your work?)  
Sedentary Mildly active Moderately active Very active
- How often do you use the stairwell instead of an elevator or escalator?  
Almost never Occasionally Frequently Most of the time
- How often do you ride a bicycle or walk on short trips as opposed to using an automobile?  
Almost never Occasionally Frequently Most of the time
- How physically demanding would you rate the time normally spent in your leisure time activities?  
(Please use the examples under each category for assistance)  
Sedentary Mildly active Moderately active Very active  
Television Sailing Tennis Running  
Reading Bowling Swimming Basketball  
Golf (with cart) Golf (no cart) Rowing
- Would you rate yourself as physically more active, less active, or about as active as other persons your age?  
Less active As active More active
- Considering a 7-day period (1 week), during your leisure time how often do you engage in regular activity long enough to work up a sweat (heart beats rapidly)?  
Never Rarely Sometimes Often