

Health and Fitness Questionnaire for Older Adults

General Information

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER/APT STREET CITY STATE ZIP

Phone (home) _____ (work) _____

Sex Male Female Age _____ Date of Birth ____/____/____

Height (inches) ____' ____" Weight (pounds) _____

Who shares your home or apartment (relationship)? _____

Personal Physician _____ (phone) _____

Address _____
NUMBER/APT STREET CITY STATE ZIP

In case of emergency, please contact _____

Relationship _____

Address _____
NUMBER/APT STREET CITY STATE ZIP

Phone (home) _____ (work) _____

General Information

Please check the following items only if the answer is "YES," leave blank if "NO."

Has a physician told you recently that you should not exercise? ____ If yes, why?

Have you been hospitalized during the past year? ____ If yes, why?

Have you seen a physician for a medical problem within the past 6 months? ____ If yes, why?

Have you had any new injuries or illnesses within the last 6 months? ____ If yes, please describe?

Do you have any neck, back, knee or other joint limitations due to arthritis or rheumatism? Please specify?

Have you fractured any bones within the past year? ____ If yes, where is the bone located, and what was the date it occurred? _____