
Health History - Questionnaire

1. **Has your doctor ever said that you have a heart condition AND that you should only do physical activity recommended by a doctor?**
 1. Yes
 2. No

 2. **Do you feel pain in your chest when you do physical activity?**
 1. Yes
 2. No

 3. **In the past month, have you had chest pain when you were not doing physical activity?**
 1. Yes
 2. No

 4. **Do you lose your balance because of dizziness or do you ever lose consciousness?**
 1. Yes
 2. No

 5. **Do you have a bone or joint problem that could be made worse by a change in your physical activity?**
 1. Yes
 2. No

 6. **Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?**
 1. Yes
 2. No

 7. **Do you know of ANY OTHER REASON why you should not do physical activity?**
 1. Yes
 2. No
- UD1. During the past 30 days how many cigarettes per day did you smoke?**
1. 2 or more packs a day
 2. 1-2 packs a day
 3. Around 1/2 pack a day
 4. 1-3 cigarettes a day
 5. None or less than 1 cigarette a day
- UD2. During the past 4 weeks how many cans of beer, glasses of wine or shots of liquor did you drink each week?**
1. More than 14 drinks each week
 2. 8-14 drinks each week
 3. 1-7 drinks each week
 4. Less than 1 drink each week