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## Health History - Questionnaire

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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