

Personal Health History Questionnaire

Circle Yes or No to all of the following questions.

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| 1. Do you have a past/present history of heart disease, diabetes, high cholesterol/triglycerides, and/or high blood pressure? If Yes, explain: | Yes | No |
| 2. Do you have a family history of heart disease, diabetes, high cholesterol/triglycerides, and/or high blood pressure? If Yes, explain: | Yes | No |
| 3. Do you have a past/present history of chest pain, shortness of breath, and/or irregular heartbeat? If Yes, explain: | Yes | No |
| 4. Have you had a cold, fever, and/or flu within the last three days? | Yes | No |
| 5. Do you take any medications? If yes, list: | Yes | No |
| 6. Are you pregnant? If yes, what is your due date?
_____: | Yes | No |
| 7. Do you regularly exercise during the week? If yes, specify type and frequency: | Yes | No |
| 8. Do you try to eat a healthy diet based on the Food Guide Pyramid recommendations? How would you rate your nutrition habits? Poor, Good, or Excellent? | Yes | No |
| 9. Do you currently use tobacco (i.e. cigarettes, chew, cigar or pipe tobacco)?
of packs/cans/bowls per day: _____ | Yes | No |

How many years? _____ If quit, date or years quit: _____

Circle appropriate number and total your score.	Not at All	Several Days	More than half the days	Nearly every day	
Do you take little interest or pleasure in doing things?	0	1	2	3	
Are you feeling down, depressed or hopeless?	0	1	2	3	
10. Total Score:					
Circle appropriate number and write in score.	None of the time	A little of the time	Some of the time	Most of the time	All of the time
In the past 4 weeks, how frequently did you feel that your problems were too much to deal with?	0	1	2	3	4
11. Score:					

For Internal Use Only

Gender _____ **Age** _____ **Ht** _____ **Wt** _____ **Tb Hx:** Yes _____ No _____ **B/P** _____
TC _____ **HDL** _____ **Risk Ratio** _____ **Fasting Glucose** _____ **N/F Glucose** _____
Waist Circumference _____ **BMI** _____ **% Body Fat** _____
EAP Referral: Yes _____ No _____ **Health Coach Referral:** Yes _____ No _____
Best Phone # to be Reached: _____ **Alternate Phone #:** _____
Best Day to Call: _____ **Best time to Call:** _____ a.m. or p.m.