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| Health / Activity Information  *California State University, Fullerton* | CSA LOGO_horizontal_72dpi |
|  |  |

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *N**ame:* |  | | | | | | | | |
| *Address:* |  | | | | | | | | |
| *City* |  | | *State:* |  | | | *Zip:* | |  |
| *Home Phone #:* | ()- | | *Gender: Male*  *Female* | | | | | | |
| *Cell Phone #:* | ()- | | *E-mail:* |  | | | | | |
| *Date of Birth:* | / / | | *Height:* |  | | *Weight:* | | |  |
| *Ethnicity:* |  | | *Highest level of education:* | | | | |  | |
| *Whom to contact in case of emergency:* | |  | | *Phone #:* | () | | | | |
| *Relationship of emergency contact:* | |  | | | | | | | |
| *Name of your Physician:* | |  | | *Phone #:* | () | | | | |

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| **1** (A) | **Have you ever been diagnosed as having any of the following conditions?** | | | **If Yes, Indicate**  **Year of Diagnoses** |
|  | Heart attack | Yes **(1)** | No **(0)** |  |
|  | Transient ischemic attack | Yes **(1)** | No **(0)** |  |
|  | Angina (chest pain) | Yes **(1)** | No **(0)** |  |
|  | Stroke | Yes **(1)** | No **(0)** |  |
|  | Peripheral vascular disease | Yes **(1)** | No **(0)** |  |
|  | Sensory Neuropathies  (problems with sensation) | Yes **(1)** | No **(0)** |  |
|  | Respiratory disease | Yes **(1)** | No **(0)** |  |
|  | Parkinson’s disease | Yes **(1)** | No **(0)** |  |
|  | Multiple sclerosis | Yes **(1)** | No **(0)** |  |
|  | Polio/Post Polio Syndrome | Yes **(1)** | No **(0)** |  |

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|  | Continued from page 1 | | | **If Yes, Indicate** Year of Diagnoses |
|  | Other neurological conditions | Yes **(1)** | No **(0)** |  |
|  | Osteoporosis | Yes **(1)** | No **(0)** |  |
|  | Rheumatoid arthritis | Yes **(1)** | No **(0)** |  |
|  | Other arthritic conditions | Yes **(1)** | No **(0)** |  |
|  | Visual/depth perception problems | Yes **(1)** | No **(0)** |  |
|  | Inner ear problems /  Recurrent ear infections | Yes **(1)** | No **(0)** |  |
|  | Cerebellar problems (ataxia) | Yes **(1)** | No **(0)** |  |
|  | Other movement disorders | Yes **(1)** | No **(0)** |  |
|  | Chemical dependency  (alcohol and/or drugs) | Yes **(1)** | No **(0)** |  |
|  | Depression | Yes **(1)** | No **(0)** |  |
|  |  | | |  |
| **1** (B) | The following questions relate to your risk for Cardiovascular Disease.Do you have a personal history of any of the following? | | | |
|  | Cigarette smoking  Yes **(1)**  No *Packs/day \_\_\_\_\_ yrs. smoked \_\_\_\_\_\_* | | | |
|  | Obesity or highly overweight Yes (1)  No (0) | | | |
|  | Physical inactivity Yes (1)  No (0) | | | |
|  | High blood pressure (over 140/90 *mmHg*) Yes **(1)** No **(0)**  *Current Blood pressure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | |
|  | High cholesterol (over 200 mg/dl) Yes **(1)** No **(0)** *Cholesterol Level* \_\_\_\_\_\_\_\_\_ | | | |
|  | Diabetes or high blood sugar (over 110 mg/dl) Yes **(1)** No **(0)**  *Blood glucose Level* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Year Diagnosed with Diabetes:\_\_\_\_\_\_\_\_\_ | | | |
|  | Family history of heart attack/stroke, at young age Yes **(1)**  No **(0)**  *Indicate family member and age:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| **2.** | Have you ever been diagnosed as having any of the following conditions? | | | | | | | |
|  | Cancer | | | Yes **(1)** | No **(0)** | |  | |
|  | If YES describe what kind: | | | | | | | |
|  | Joint replacement | | | Yes **(1)** | | No **(0)** | | Year(s): |
|  | If YES, how many times? | | | Right Hip | | | |  |
|  |  | | | Left Hip | | | |  |
|  |  | | | Right Knee | | | |  |
|  |  | | | Left Knee | | | |  |
|  | Cognitive disorder | | | Yes **(1)** | | No **(0)** | |  |
|  | If YES describe condition: | | | | | | | |
|  | Uncorrected visual problems | | | Yes | | No | |  |
|  | If YES describe type: | | | | | | | |
|  | Any other type of health problem? | | | Yes **(1)** | | No **(0)** | |  |
|  | If YES describe condition: | | | | | | | |
|  |  | | | | | | | |
| **3.** | Do you currently suffer any of the following symptoms in your legs or feet? | | | | | | | |
|  | Numbness | Yes **(1)** | No **(0)** | | | | |  |
|  | Tingling | Yes **(1)** | No **(0)** | | | | |  |
|  | Arthritis | Yes **(1)** | No **(0)** | | | | |  |
|  | Swelling | Yes **(1)** | No **(0)** | | | | |  |
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| **4.** | Do you currently have any medical conditions for which you see a physician regularly? | | Yes (1) | | No (0) |
|  | If YES describe condition: | | | | |
|  |  | | | | |
| **5.** | Do you require eyeglasses? | Yes (1) | | No (0) | |
|  |  | | | | |
|  | If YES, what type of glasses do you wear? | Bi-Focals  Graded Lenses  Magnification Only  Tri-Focals | | |  |
|  |  | | | | |
| **6.** | Do you have your eyesight checked at least once a year? | Yes (1) | | No (0) | |
|  |  | | | | |
| **7.** | Do you require hearing aids? | Yes (1) | | No (0) | |
|  | If yes, which ear? | Left  Right  Both | | | |
|  |  | | | | |
| **8.** | Do you use an assistive device for walking? | Yes (1) No (0) Sometimes (2) | | | |
|  | If YES or SOMETIMES, what type of assistive device do you use? | Single-Point Cane  3-Point Cane  Quad Cane  Rolling Stand Walker  3-Wheel Walker w/Seat | | | |
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| **9.** | **List all medications that you currently take (including all “over-the-counter” and “alternative medicines”)** | | |
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| *Type of medication* |  | ***For what condition*** |
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| **10.** | Have you required emergency medical care or hospitalization in the past year? | | | Yes (1) | | No (0) | |
|  | If YES, please list when this occurred and briefly explain why. | | | | | | |
|  |  | | | | | | |
| **11.** | **Have you ever had any condition or suffered any injury that has affected your balance or ability to walk without assistance?** | | | Yes (1) | | No (0) | |
|  | If YES, please list when this occurred and briefly explain condition or injury. | | | | | | |
|  |  | | | | | | |
| **12.** | **Below are some questions about how concerned you are about the possibility of falling. Please answer thinking about how you usually do the activity. If you currently don’t do the activity (for example, if someone does your shopping for you), please answer to show whether you think you would be concerned about falling IF you did the activity. For each of the following activities, please check the box which is closest to your own opinion to show how concerned you are that you might fall if you did this activity.** | | | | | | |
| **How concerned are you about falling?** | | **Not at all** (1) | **Somewhat** (2) | | **Fairly**  (3) | | **Very**  (4) |
| 1. Getting dressed or undressed | | **** | **** | | **** | | **** |
| 1. Taking a bath or shower | | **** | **** | | **** | | **** |
| 1. Getting in or out of a chair | | **** | **** | | **** | | **** |
| 1. Going up or down stair | | **** | **** | | **** | | **** |
| 1. Reaching for something above your head or on the ground | | **** | **** | | **** | | **** |
| 1. Walking up or down a slope | | **** | **** | | **** | | **** |
| 1. Going out to a social event (for example, religious service, family gathering or club meeting) | | **** | **** | | **** | | **** |

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| **13.** | As a result of this concern, have you stopped doing some of the things you used to do or liked to do? | | |
|  | Yes (1) |  | No (0) |
|  |  |  |  |
| **14.** | Do you feel unsteady when you are standing or walking? | | |
|  | Yes (1) |  | No (0) |
|  |  | | |
| **15** (A) | **Have you fallen in the past 12 months?** | | |
|  | Yes (1) |  | ****No (0) |
|  | | | |
|  | **If yes, how many times have you fallen within the past year?** | | |

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| **15** (B) | **If you have fallen in the past year, please provide a detailed description of each incident as you remember it:** |
|  | **Fall #1 - within the last year:**  (a) Date:  (b) Location (e.g., Bathroom, garden, grocery store):  (c) Reason for fall (e.g., uneven surface, going downstairs):    (d) Did you require medical treatment? Yes (1) No (0) |
|  | **Fall #2 - within the last year:**  (a) Date:  (b) Location (e.g., Bathroom, garden, grocery store):  (c) Reason for fall (e.g., uneven surface, going downstairs):    (d) Did you require medical treatment? Yes (1) No (0) |

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| **16.** | **How would you rate your quality of life?** | | | | |
|  | Very Poor (1) | Poor (2) | Neither Poor  nor Good (3) | Good (4) | Very Good (5) |
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| **17.** | **We are interested in the reasons underlying peoples’ decisions to engage or not engage in physical exercise.**  **Using the scale below, please indicate to what extent each of the following items is true for you by circling the appropriate number. Please note that there are no right or wrong answers and no trick questions. We simply want to know how you personally feel about exercise.** | | | | |

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| **Statements** | **Not true for me** |  | **Sometimes true for me** |  | **Very true for me** |
| 1. I find exercise a pleasurable activity. | 0 | 1 | 2 | 3 | 4 |
| 1. I consider exercise a fundamental part of who I am. | 0 | 1 | 2 | 3 | 4 |
| 1. It’s important to me to participate in exercise. | 0 | 1 | 2 | 3 | 4 |
| 1. I feel ashamed when I miss an exercise session. | 0 | 1 | 2 | 3 | 4 |
| 1. I feel under pressure from my family/friends to participate in exercise | 0 | 1 | 2 | 3 | 4 |
| 1. I don’t see why I should have to participate in exercise. | 0 | 1 | 2 | 3 | 4 |

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| **18.** | **How would you describe your health?** | | | | |
|  | Poor (1) | Fair (2) | Good (3) | Very Good (4) | Excellent (5) |
|  |  |  |  |  |  |
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| **19.** | **In the past 4 weeks, to what extent did health problems limit your everyday physical activities (such as walking and household chores)?** | | | | |
|  | Not at all (1) | Slightly (2) | Moderately (3) | Quite a bit (4) | Extremely (5) |
|  |  |  |  |  |  |
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| **20.** | **Below are some statements about feelings and thoughts. Please place an “X” in the box that best describes your experience of each statement over the last 2 weeks.** | | | | |

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| **Statements** | **None of the time** | **Rarely** | **Some of the time** | **Often** | **All of the time** |
|  | (0) | (1) | (2) | (3) | (4) |
| 1. I’ve been feeling optimistic about the future. |  |  |  |  |  |
| 1. I’ve been feeling useful. |  |  |  |  |  |
| 1. I’ve been feeling relaxed. |  |  |  |  |  |
| 1. I’ve been feeling interested in other people. |  |  |  |  |  |
| 1. I’ve had energy to spare. |  |  |  |  |  |
| 1. I’ve been dealing with problems well. |  |  |  |  |  |
| 1. I’ve been thinking clearly. |  |  |  |  |  |
| 1. I’ve been feeling good about myself. |  |  |  |  |  |
| 1. I’ve been feeling close to other people. |  |  |  |  |  |
| 1. I’ve been feeling confident. |  |  |  |  |  |
| 1. I’ve been able to make up my own mind about things. |  |  |  |  |  |
| 1. I’ve been feeling loved. |  |  |  |  |  |
| 1. I’ve been interested in new things. |  |  |  |  |  |
| 1. I’ve been feeling cheerful. |  |  |  |  |  |

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| **21.** | **Please indicate your ability to do each of the following activities by placing an “X” the appropriate box. Your response should indicate whether you “can do” these activities, not if you actually “do” the activities.** |

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| **Statements** | **Can do on own without help** | **Can do with help** | **Cannot do** |
|  | **(1)** | **(2)** | **(3)** |
| 1. Take care of own personal needs – like dressing yourself |  |  |  |
| 1. Bathe yourself, using tub or shower |  |  |  |
| 1. Walk outside (1–2 blocks) |  |  |  |
| 1. Do light household activities – like cooking, dusting, washing dishes, and sweeping a walkway |  |  |  |
| 1. Climb up and down a flight of stairs |  |  |  |
| 1. Do your own shopping/errands (walk approximately 3–4 blocks; 400 yards) |  |  |  |
| 1. Lift and carry 10 pounds (a full bag of groceries) |  |  |  |
| 1. Walk ½ mile (6-7 blocks) |  |  |  |
| 1. Walk 1 mile (12-14 blocks) |  |  |  |
| 1. Lift and carry 25 pounds (medium to large suitcase) |  |  |  |
| 1. Do heavy household activities – like scrubbing floors, vacuuming, and raking leaves |  |  |  |
| 1. Do strenuous activities – like hiking, digging in garden, moving heavy objects, bicycling, aerobic dance activities, strenuous calisthenics |  |  |  |

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| **22.** | In general, do you currently require household or nursing assistance to carry out daily activities? | | Yes (1) | No (0) |
|  | If YES, please check the reasons(s)? | Health problems  Chronic pain  Lack of strength or endurance  Lack of flexibility or balance  Other reasons: | | |

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| **23.** | In a typical week, how often do you leave your house? (to run errands, go to work, go to meetings, classes, church, social functions, etc.) | |
|  | less than once/week1-2 times/week | 3-4 times/week most every day |

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| **24.** | Over the past 7 days, how often did you participate in sitting activities such as reading, watching TV or doing handcrafts? | | |
|  | Never (Go to the next question) | Sometimes (3–4 days) | |
| Seldom (1–2 days) | Often (5–7 days) | |
|  | What were these activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | On average, how many hours per day did you engage in thesesitting activities? | | |
|  | Less than 1 hour *(1)* | | 2 – 4 hours *(3)* |
|  | More than 1 hour but less than 2 hours *(2)* | | More than 4 hours *(4)* |

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| **25.** | Over the past 7 days, how often did you take a walk outside your home or yard for any reason? For example, for fun or exercise, walking to work, walking the dog, etc.? | | |
|  | Never (Go to the next question) | Sometimes (3–4 days) | |
| Seldom (1–2 days) | Often (5–7 days) | |
|  | On average, how many hours per day did you spend walking? | | |
|  | Less than 1 hour *(1)* | | 2 – 4 hours *(3)* |
|  | More than 1 hour but less than 2 hours *(2)* | | More than 4 hours *(4)* |
|  | When you go for walks, which of the following best describes your walking pace: | | |
|  | Strolling (easy pace, takes 30 min. or more to walk a mile)  Average or normal (can walk a mile in 20-30 minutes)  Fairly brisk (fast pace, can walk a mile in 15-20 minutes) I do not go for walks on a regular basis | | |

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| **26.** | Over the past 7 days, how often did you engage in light sport or recreational activities such as bowling, golf with a cart, shuffleboard, fishing from a boat or pier or other similar activities? | | |
|  | Never (Go to the next question) | Sometimes (3–4 days) | |
| Seldom (1–2 days) | Often (5–7 days) | |
|  | What were these activities?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | On average, how many hours per day did you engage in these light sport or recreational activities? | | |
|  | Less than 1 hour *(1)* | | 2 – 4 hours *(3)* |
|  | More than 1 hour but less than 2 hours *(2)* | | More than 4 hours *(4)* |

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| **27.** | Over the past 7 days, how often did you engage in moderate sport and recreational activities such as doubles tennis, ballroom dancing, hunting, ice skating, golf without a cart, softball or other similar activities? | | |
|  | Never (Go to the next question) | Sometimes (3–4 days) | |
| Seldom (1–2 days) | Often (5–7 days) | |
|  | What were these activities?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | On average, how many hours per day did you engage in these moderate sport and recreational activities? | | |
|  | Less than 1 hour *(1)* | | 2 – 4 hours *(3)* |
|  | More than 1 hour but less than 2 hours *(2)* | | More than 4 hours *(4)* |

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| **28.** | Over the past 7 days, how often did you engage in strenuous sport and recreational activities such as jogging, swimming, cycling, singles tennis, aerobic dance, skiing (downhill or cross-country) or other similar activities? | | |
|  | Never (Go to the next question) | Sometimes (3–4 days) | |
| Seldom (1–2 days) | Often (5–7 days) | |
|  | What were these activities?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | On average, how many hours per day did you engage in these strenuous sport and recreational activities? | | |
|  | Less than 1 hour *(1)* | | 2 – 4 hours *(3)* |
|  | More than 1 hour but less than 2 hours *(2)* | | More than 4 hours *(4)* |

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| **29.** | Over the past 7 days, how often did you do any exercises specifically to increase muscle strength and endurance, such as lifting weights or pushups, etc. | | |
|  | Never (Go to the next question) | Sometimes (3–4 days) | |
| Seldom (1–2 days) | Often (5–7 days) | |
|  | What were these activities?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | On average, how many hours per day did you engage in exercises to increase muscle strength and endurance? | | |
|  | Less than 1 hour *(1)* | | 2 – 4 hours *(3)* |
|  | More than 1 hour but less than 2 hours *(2)* | | More than 4 hours *(4)* |

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| **30.** | During the past 7 days, have you done any light housework, such as dusting or washing dishes? | | | | | |
|  | Yes |  | No | | | |
|  |  | | | | | |
| **31.** | During the past 7 days, have you done any heavy housework or chores, such asvacuuming, scrubbing floors, washing windows, or carrying wood? | | | | | |
|  | Yes |  | No | | | |
|  | | | | | | |
| **32.** | **During the past 7 days, did you engage in any of the following activities?**  **Please answer YES or NO for each item.** | | | | | |
|  | Home repairs like painting, wallpapering, electrical work, etc. | | | Yes |  | No |
|  | Lawn work or yard care, including snow or leaf removal, wood chopping, etc. | | | Yes |  | No |
|  | Outdoor gardening | | | Yes |  | No |
|  | Caring for another person, such as children, dependent spouse, or another adult | | | Yes |  | No |

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| **33.** | **During the past 7 days, did you work for pay or as a volunteer?** | | | | |
|  | Yes | |  | No | |
|  | How many hours per week did you work for pay and/or as a volunteer? | | | | \_\_\_\_\_\_\_\_ |
|  | Which of the following categories best describes the amount of physical activity required on your job and/or volunteer work? | | | | |
|  |  | Mainly sitting with slight arm movements.  Examples: office worker, watchmaker, seated assembly line worker, bus driver, etc. | | | |
|  |  | Sitting or standing with some walking.  Examples: cashier, general office worker, light tool and machinery worker. | | | |
|  |  | Walking, with some handling of materials generally weighing less than 50 pounds.  Examples: mailman, waiter/waitress, construction worker, heavy tool and machinery worker. | | | |
|  |  | Walking and heavy manual work often requiring handling of materials weighing over 50 pounds.  Examples: lumberjack, stone mason, farm or general laborer. | | | |

|  |  |
| --- | --- |
| **34.** | Did you require assistance in completing this form? |
|  | None (or very little) Needed quite a bit of help  Reason: |

*End of form*