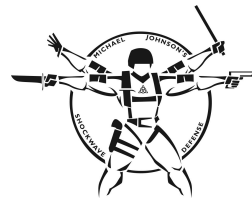


HEALTH STATUS QUESTIONNAIRE

SHOCKWAVE DEFENSE



PREPARE - PROTECT - PREVAIL

637 Broadway Blvd SE
Albuquerque, NM 87102

T: 505.554.3888
F: 505.999.1413

www.ShockwaveDefense.com

COMPLETE EACH QUESTION ACCURATELY. ALL INFORMATION IS CONFIDENTIAL

PART 1. INFORMATION ABOUT STUDENT TRAINING AT SHOCKWAVE DEFENSE

1. _____
SOCIAL SECURITY # _____ DATE _____
2. _____
LEGAL NAME _____ NICKNAME _____
3. _____
ADDRESS _____ HOME NUMBER _____
_____ CELL _____
4. _____
PERSONAL PHYSICIAN _____ PHONE _____
5. _____
EMERGENCY CONTACT _____ PHONE _____
6. GENDER (CIRCLE ONE): FEMALE MALE
7. DATE OF BIRTH: _____
8. NUMBER OF HOURS WORKED PER WEEK: LESS THAN 20 20-40 40-60 OVER 60
9. MORE THAN 25% OF TIME SPENT ON JOB (CIRCLE ALL THAT APPLY)
SITTING AT A DESK LIFTING OR CARRYING LOADS STANDING WALKING DRIVING

PART 2. MEDICAL HISTORY

10. CIRCLE ANY WHO DIED OF HEART ATTACK BEFORE AGE 50:
FATHER MOTHER BROTHER SISTER GRANDPARENT
 11. DATE OF-
LAST MEDICAL PHYSICAL EXAM: _____
LAST PHYSICAL FITNESS EXAM: _____
 12. CIRCLE OPERATIONS YOU HAVE HAD:
BACK HEART KIDNEY EYES JOINT NECK EARS
HERNIA LUNG OTHER: _____
 13. PLEASE CIRCLE ANY OF THE FOLLOWING FOR WHICH YOU HAVE BEEN DIAGNOSED OR TREATED BY A PHYSICIAN OR OTHER HEALTH PROFESSIONAL:
- | | | | | |
|----------------|-------------------|---------------|----------------|----------------------|
| ALCOHOLISM | CIRRHOISIS, LIVER | EYE PROBLEM | INFECTIOUS | RHEUMATOID ARTHRITIS |
| ANEMIA | CONCUSSION | GOUT | MONONUCLEOSIS | STROKE |
| ASTHMA | CONGENITAL | HEARING LOSS | KIDNEY PROBLEM | THYROID PROBLEM |
| BACK STRAIN | DEFECT | HEART PROBLEM | MENTAL ILLNESS | ULCER |
| BLEEDING TRAIT | DIABETES | HIGH BLOOD | NECK STRAIN | OTHER _____ |
| BRONCHITIS | EMPHYSEMA | PRESSURE | OBESITY | _____ |
| CANCER | EPILEPSY | HYPOGLYCEMIA | PHLEBITIS | _____ |

H E A L T H S T A T U S Q U E S T I O N N A I R E

14. CIRCLE ALL MEDICATION TAKEN IN THE PAST 6 MONTHS

BLOOD THINNER	EPILEPSY MEDICATION	NITROGLYCERIN
DIABETIC PILL	HEART RHYTHM MEDICATION	OTHER: _____
DIGITALIS	HIGH-BLOOD PRESSURE MEDICATION	_____
DIURETIC	INSULIN	_____

15. ANY OF THESE HEALTH SYMPTOMS THAT OCCURS FREQUENTLY IS THE BASIS FOR MEDICAL ATTENTION. CIRCLE THE NUMBER INDICATING HOW OFTEN YOU HAVE EACH OF THE FOLLOWING:

5 = VERY OFTEN	A. COUGH UP BLOOD 1 2 3 4 5	F. CHEST PAIN 1 2 3 4 5
4 = FAIRLY OFTEN	B. ABDOMINAL PAIN 1 2 3 4 5	G. SWOLLEN JOINTS 1 2 3 4 5
3 = SOMETIMES	C. LOW BACK PAIN 1 2 3 4 5	H. FEEL FAINT 1 2 3 4 5
2 = INFREQUENTLY	D. LEG PAIN 1 2 3 4 5	I. DIZZINESS 1 2 3 4 5
1 = PRACTICALLY NEVER	E. ARM/SHOULDER PAIN 1 2 3 4 5	J. BREATHLESS WITH SLIGHT EXERTION 1 2 3 4 5

PART 3 HEALTH RELATED BEHAVIOR

16. DO YOU NOW SMOKE? YES NO

17. IF YOU ARE A SMOKER, INDICATE THE NUMBER OF CIGARETTES YOU SMOKE A DAY?

CIGARETTES:	1-9	10-19	20-39	40 OR MORE
CIGARS OR PIPES:	LESS THAN 5, NONE INHALED		5 OR MORE OR ANY INHALED	

18. DO YOU EXERCISE REGULARLY? YES NO

19. HOW MANY DAYS PER WEEK DO YOU NORMALLY SPEND AT LEAST 20 MIN IN MODERATE TO STRENUOUS EXERCISE? 0 1 2 3 4 5 6 7 DAYS PER WEEK

20. CAN YOU WALK 4 MILES BRISKLY WITHOUT FATIGUE? YES NO

21. CAN YOU JOG 3 MILES CONTINUOUSLY AT A MODERATE PACE WITHOUT DISCOMFORT?
YES NO

22. WEIGHT NOW _____ LB ONE YEAR AGO _____ LB AGE 21 _____ LB

23. THESE ARE TRAITS THAT HAVE BEEN ASSOCIATED WITH CORONARY-PRONE BEHAVIOR.
CIRCLE THE NUMBER THAT CORRESPONDS TO HOW YOU FEEL:

I AM AN IMPATIENT, TIME-CONSCIOUS, HARD DRIVING INDIVIDUAL

1 = STRONGLY DISAGREE	4 = SLIGHTLY AGREE
2 = MODERATELY DISAGREE	5 = MODERATELY AGREE
3 = SLIGHTLY DISAGREE	6 = STRONGLY AGREE