AWC
ARMY WELLNESS CENTER

HWT Questionnaires

Personal Information

First Name: _____ Last Name: _____

Brigade: _____ Date: _____ Gender:

□ Male □ Female

Social Security Number: _____ or DOD ID _____

Rank: _____

Status: Select One
- □ Active Duty
- □ Family Member
- □ Civilian
- □ Reservist
- □ Retiree

Contact Information

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Emergency Information

Emergency Contact: _____

Contact Relationship: _____ Phone: _____

Primary Doctor: _____ Phone: _____

Visit Information

Indicate which of the following services you will receive today:

□ Fitness Test	□ Unit Assessment	□ Blood Pressure Screening
□ Metabolic Test	□ In-processing	□ Fitness Testing Follow-up
□ Biofeedback	□ Body Composition Analysis	□ AWC Class
□ Stress Management	□ Community Screening	

Do you have any allergies? _____

Are you in any pain today? □Yes □No Please rate your pain: □1 □2 □3 □4 □5 □6 □7 □8 □9 □10

Please describe your pain (i.e. location): _____

Health and Wellness Goals

Which of the following describe your health and wellness goals (check all that apply):

□ Aerobic Fitness
□ General Fitness
□ Reduce Stress
□ Increase Flexibility
□ Lose Body Fat
□ Increase Strength
□ Stop Smoking
□ Gain Muscle
□ Lower Blood Pressure
□ Improve Cholesterol
□ Lose Weight
□ Maintain Weight
□ Improve Diet and Nutrition
□ Other: _____

What is your primary health and wellness goal? _____

Smoking Habits

Describe your current tobacco use habits.

□ Never Smoked
□ Current Cigarette Smoker
□ Current Pipe Smoker
□ Current Smokeless Tobacco User
□ Current Cigar Smoker
□ Previous Cigarette Smoker
□ Previous Pipe Smoker
□ Previous Smokeless Tobacco User
□ Previous Cigar Smoker

If current cigarette smoker, how often do you smoke?
____ Cigarettes per: □ Day □ Week □ Month □ Year

If current smokeless tobacco user, how often do you use smokeless tobacco?
____ times per: □ Day □ Week □ Month □ Year

Alcohol Consumption

Do you consume alcohol?
□ Yes □ No

How many alcoholic drinks do you consume during a typical day? _____
*One drink = 12 oz of beer, 5 oz of wine, 1.5 ounces of 80 proof distilled spirits

How often do you drink five (four for women) or more alcoholic drinks on one occasion?
*One occasion = any event where drinking exceeds one drink per hour
□ Daily □ Weekly □ Monthly
□ Once or twice per year □ Never

Safety

How often do you drive after drinking?
□ More than once in the past 6 months
□ Once during the past 6 months
□ At least once in the past year
□ Not once during the past year

How often do you use a seat belt when you drive or ride as a passenger in a car?
□ Always
□ Most of the time
□ Sometimes
□ Rarely
□ Never

How often do you wear a helmet when you ride a motorcycle, all-terrain vehicle, or bicycle?
□ Always
□ Most of the time
□ Sometimes
□ Rarely
□ Never
□ Does not apply to me

Dietary Habits

About how many cups of fruits and vegetables do you eat per day?
□ At least five □ Four □ Three □ Two □ One □ Less than one

Indicate how often you eat the following:

	At most every meal	At least once a day	3-5 days a week	Less than 3 days a week	Rarely or never
High fiber foods	□	□	□	□	□
Low-fat foods	□	□	□	□	□
High sugar desserts	□	□	□	□	□
High fat desserts	□	□	□	□	□
Foods high in sodium	□	□	□	□	□

Notes: _____

Exercise Habits

Do you currently exercise? □ Yes □ No
1) On average how many **minutes per week** do you engage in moderate intensity aerobic activity (working hard enough to raise your heart rate and break a sweat, i.e. brisk walking, swimming leisurely, leisurely biking)? _____
2) On average, how many **minutes per week** do you engage in vigorous intensity aerobic activity (e.g., jog-ging/running, swimming laps, jumping rope)? _____
3) On average, how many **days per week** do you engage in muscle strengthening activities (legs, hips, back, abdomen, chest, shoulders, and arms)? _____

Other

How many hours of sleep do you get per night? _____hours

Are you stressed?

	Never	Almost Never	Some-times	Fairly Often	Very Often
In the last month, how often have you been upset because of something that happened unexpectedly?	□	□	□	□	□
In the last month, how often have you felt that you were unable to control the important things in your life?	□	□	□	□	□
In the last month, how often have you felt nervous and stressed?	□	□	□	□	□
In the last month, how often have you felt confident about your ability to handle your personal problems?	□	□	□	□	□
In the last month, how often have you felt that things were going your way?	□	□	□	□	□
In the last month, how often have you found that you could not cope with all the things you had to do?	□	□	□	□	□
In the last month, how often have you been able to control irrita-tions in your life?	□	□	□	□	□
In the last month, how often have you felt that you were on top of things?	□	□	□	□	□
In the last month, how often have you been angered because of things that were outside of your control?	□	□	□	□	□
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them.	□	□	□	□	□

Are You Confident That You Can Change?

The following questions ask you to indicate how confident and competent you feel to achieve a healthier lifestyle. Please indicate your agreement with each item on the following scale.
I feel confident and competent to:

	N/A	Almost Never True	Usually Not True	Some-times but Infre-quently True	Occa-sionally True	Often True	Usually True	Almost Always True
Improve my physical fitness	□	□	□	□	□	□	□	□
Improve my diet and nutrition habits	□	□	□	□	□	□	□	□
Improve my stress management skills	□	□	□	□	□	□	□	□
Quit or cut back on tobacco use	□	□	□	□	□	□	□	□
Improve my sleeping habits	□	□	□	□	□	□	□	□
Drink alcoholic beverages in modera-tion	□	□	□	□	□	□	□	□

Are you ready to change?

	N/A	I won't do it	I can't do it	I may do it	I will do it	I am doing it	I am still doing it
Improve my physical fitness	□	□	□	□	□	□	□
Improve my diet and nutrition habits	□	□	□	□	□	□	□
Improve my stress management skills	□	□	□	□	□	□	□
Quit or cut back on tobacco use	□	□	□	□	□	□	□
Improve my sleeping habits	□	□	□	□	□	□	□
Drink alcoholic beverages in modera-tion	□	□	□	□	□	□	□

Are You At Risk For Heart Disease?

Risk Factors:

Have you participated in at least 30 minutes of moderate physical activity on at least 3 days of the week for at least the last 3 months? □ Yes □ No

Did your father, brother or first degree male relative suffer a heart attack before age 55 yrs old? □ Yes □ No

Did your mother, sister or first degree female relative suffer a heart attack before age 65 yrs old? □ Yes □ No

Your BMI: Your height: _____Feet _____Inches Your Weight: _____lbs

Have you been told that you have high cholesterol? □ Yes □ No

Have you been told that your "good" cholesterol is high? □ Yes □ No

Have you been told that you are pre-diabetic? □ Yes □ No

Have you been told that you have high blood pressure? □ Yes □ No

Known Disease:

Any personal history of coronary or atherosclerotic disease? □ Yes □ No

Any personal history of diabetes or other metabolic disease (thyroid, renal, liver)? □ Yes □ No

Any history of pulmonary disease, asthma, interstitial lung disease or cystic fibrosis? □ Yes □ No

Suggestive Disease:

Pain or discomfort in chest apparently due to blood flow deficiency? □ Yes □ No

Unaccustomed shortness of breath (perhaps during light exercise)? □ Yes □ No

Dizziness or fainting? □ Yes □ No

Difficulty breathing while standing/ sudden breathing problems at night? □ Yes □ No

Rapid throbbing or fluttering of the heart? □ Yes □ No

Severe pain in leg muscles during walking? □ Yes □ No

Ankle Edema (swelling)? □ Yes □ No

Known Heart Murmur □ Yes □ No