

Pre-activity Screening Questionnaire

Instructions:

Please complete all four sections of this form. A staff member who is an exercise professional in our facility will review it and inform you if medical clearance is needed prior to engaging in physical activity.

Section 1 -- Current Physical Activity

When answering the questions in this section, please note the following definitions:

Moderate Intensity: An activity that causes noticeable increases in heart rate and breathing (e.g., brisk walking)

Vigorous Intensity: An activity that causes substantial increases in heart rate and breathing (e.g., jogging)

Over the last three months, have you regularly performed physical activity for at least 30 minutes, three days/week at a moderate intensity level?

No Yes

If **yes**, which of the following best describes any vigorous intensity activity in your regular routine the last 3 months?

- I participate in some or all vigorous intensity activity
 - None, but I want to begin some vigorous intensity activity
 - None, and I want to continue moderate intensity activity
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Section 2 – Medical Conditions

Please check the box (✓) for any of the following medical conditions that you currently have or have had

- Heart attack
 - Heart surgery
 - Cardiac catheterization
 - Coronary angioplasty (PTCA)
 - Heart valve disease
 - Heart failure
 - Heart transplantation
 - Congenital heart disease
 - Abnormal heart rhythm
 - Pacemaker/implantable cardiac defibrillator
 - Peripheral vascular disease (PVD or PAD): disease affecting blood vessels in arms, hands, legs, and feet
 - Cerebrovascular disease -- stroke or TIA (transient ischemic attack)
 - Type 1 or Type 2 diabetes
 - Renal (kidney) disease
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Section 3- Signs or Symptoms

Please check the box (✓) for any of the signs or symptoms that you have recently experienced.

- Pain, discomfort in the chest, neck, jaw or arms at rest or upon exertion
 - Shortness of breath at rest or with mild exertion
 - Dizziness or loss of consciousness during or shortly after exercise
 - Shortness of breath occurring at rest or 2-5 hours after the onset of sleep
 - Edema (swelling) in both ankles that is most evident at night or swelling in a limb
 - An unpleasant awareness of forceful or rapid beating of the heart
 - Pain in the legs or elsewhere while walking; often more severe when walking upstairs/uphill
 - Known heart murmur
 - Unusual fatigue or shortness of breath with usual activities
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Section 4- Acknowledgment, Follow-up, and Signature

I acknowledge that I have read this questionnaire in its entirety and have responded accurately, completely, and to the best of my knowledge. Any questions regarding the items on this questionnaire were answered to my satisfaction. Also, if my health status changes at any time, I understand that I am responsible to inform a staff member at this facility of any such changes.

Participant's Name-Please Print

Participant's Signature

Date