



Preparticipation Screening Questionnaire

Assess your health by marking all true statements

History

You have had:

- a heart attack
- heart surgery
- cardiac catheterization
- coronary angioplasty
- pacemaker
- defibrillator/rhythm disturbance
- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease

Symptoms

- You experience chest discomfort with exertion
- You experience unreasonable breathlessness
- You experience dizziness, fainting, or blackouts
- You take heart medications

If you marked any of these statements in this section, consult your physician before engaging in exercise. You may need to use a facility with a medically qualified staff.

Other health issues

- You have diabetes
- You have asthma or other lung disease
- You have burning or cramping sensations in your lower legs when walking short distances
- You have musculoskeletal problems that limit your physical activity
- You have concerns about the safety of exercise
- You take prescription medications
- You are pregnant

If you marked two or more of the statements in the section below, you should consult your physician before engaging in exercise. You will benefit from using a facility with a professionally qualified exercise staff to guide your exercise program.

Cardiovascular Risk Factors

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> You are a man older than 45 <input type="checkbox"/> You smoke or quit smoking within the previous 6 months. <input type="checkbox"/> You do not know your blood pressure <input type="checkbox"/> Your blood pressure is > 140/90 <input type="checkbox"/> You take blood pressure medication <input type="checkbox"/> You are physically inactive | <ul style="list-style-type: none"> <input type="checkbox"/> You are a woman older than 55; have had a hysterectomy, or are postmenopausal <input type="checkbox"/> Your blood cholesterol level is > 200 <input type="checkbox"/> You do not know your cholesterol level <input type="checkbox"/> You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister) <input type="checkbox"/> You are > 20 pounds overweight. |
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(you get < 30 min. of physical activity on at least 3days per week)

Signature