



## PRE-ACTIVITY SCREENING QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### 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 & breathing (e.g. brisk walking)

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

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

- NO
- YES

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

- I participated 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

### SECTION 2: MEDICAL CONDITIONS

Please select 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
- Cerebrovascular disease - stroke or TIA (transient ischemic attack)
- Type 1 or 2 Diabetes
- Renal (kidney) disease
- Peripheral vascular diseases (PVD or PAD)
- Disease affecting blood vessels in arms, hand, legs or feet

### SECTION 3: SIGNS OR SYMPTOMS

Please select 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

### SECTION 4: PREVIOUS INJURIES OR SURGERIES

Have you had any previous injuries or surgeries that would limit your ability to exercise in any way?

- NO
- YES

If YES, please explain:

### SECTION 5: ACKNOWLEDGEMENT, 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_