AHA/ACSM Health/Fitness Facility Pre-participation Screening Questionnaire

Assess your health status by marking all true statements

History
You have had:
_________________________ a heart attack
_________________________ heart surgery
_________________________ cardiac catheterization coronary
_________________________ angioplasty (PTCA)
_________________________ Pacemaker/implantable cardiac 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

Other health issues
_________________________ You have diabetes
_________________________ You have asthma or other lung disease
_________________________ You have burning or cramping sensation 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 medication(s).
_________________________ You are pregnant.

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

Cardiovascular risk factors
_________________________ You are a man older than 45 years.
_________________________ You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal
_________________________ You smoke, or quit smoking within the previous 6 months.
_________________________ Your blood pressure is >140/90 mm Hg.
_________________________ You do not know your blood pressure.
_________________________ You take blood pressure medication.
_________________________ Your blood cholesterol level is >200 mg/dl.
_________________________ You do not know your cholesterol level.
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).

You are physically inactive (i.e., you get <30 minutes of physical activity on at least 3 days per week).

You are >20 pounds overweight

If you marked two or more of the statements in this section you should consult you physician or other appropriate health care provider before engaging in exercise. You might benefit from using a facility with a professionally qualified exercise staff to guide your exercise program.

None of the above

You should be able to exercise safely without consulting your physician or other appropriate health care provider in a self-guided program or almost any facility that meets your exercise program needs.