

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 you 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 factor

- _____ 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 month
- _____ 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 per week)
- _____ You are >20 pounds overweight

If you marked two or more of the statements in this section you should consult your physician or other appropriate health care provider before engaging in exercise. You will benefit from using our 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 including our facility that meets your exercise program needs.

Modified from American College of Sports Medicine and American Heart Association. ACSM/AHA Joint Position Statement: Recommendations for cardiovascular screening, staffing, and emergency policies at health/fitness facilities. *Medicine and Science in Sports and Exercise* 1998: 1018