



## AHA/ACSM Health Fitness 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 experience ankle swelling.
- You experience unpleasant awareness of a forceful or rapid heart rate
- 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.

### Cardiovascular risk factors

- You are a man older than 45 years.
- You are a woman older than 55 years **OR** 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 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.
- You have prediabetes
- You do not know if you have prediabetes

None of the above

Name \_\_\_\_\_

Date \_\_\_\_\_

WELLNESS  
CHANGES  
EVERYTHING