

EXERCISE PREPARTICIPATION HEALTH-SCREENING QUESTIONNAIRE FOR EXERCISE PROFESSIONALS

Assess your client's health needs by marking all *true* statements.

Step 1

SYMPTOMS

Does your client experience:

- chest discomfort with exertion
- unreasonable breathlessness
- dizziness, fainting, blackouts
- ankle swelling
- unpleasant awareness of a forceful, rapid, or irregular heart rate
- burning or cramping sensations in your lower legs when walking short distances

If you **did** mark any of these statements under the symptoms, **STOP**, your client should seek medical clearance before engaging in or resuming exercise. Your client may need to use a facility with a medically qualified staff.

If you **did not** mark any symptoms, continue to steps 2 and 3.

Step 2

CURRENT ACTIVITY

Has your client performed planned, structured physical activity for at least 30 minutes at moderate intensity on at least 3 days per week for at least the past 3 months?

Yes No

Continue to Step 3.

Step 3

MEDICAL CONDITIONS

Has your client had or does he or she currently have:

- a heart attack
- heart surgery, cardiac catheterization, or coronary angioplasty
- pacemaker/implantable cardiac defibrillator/rhythm disturbance
- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease
- diabetes
- renal disease

Evaluating Steps 2 and 3:

- If you **did not** mark any of the statements in Step 3, medical clearance is not necessary.
- If you marked Step 2 "yes" and marked any of the statements in Step 3, your client may continue to exercise at light to moderate intensity without medical clearance. Medical clearance is recommended before engaging in vigorous exercise.
- If you marked Step 2 "no" and marked any of the statements in Step 3, medical clearance is recommended. Your client may need to use a facility with a medically qualified staff.