

**NORTHWESTERN UNIVERSITY
PHYSICAL ACTIVITY SCREENING QUESTIONNAIRE**

Name _____ Date _____

It is recommended that you consult your healthcare provider BEFORE engaging in any exercise program.

Please assess your health status by marking all statements that are true:

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, blackouts.
- You take heart medications.

Other health issues:

- You have musculoskeletal problems.
- You have concerns about the safety of exercise.
- You take prescription medication(s).
- You are pregnant.

If you marked ANY of the statements in this section, consult your healthcare provider BEFORE engaging in exercise. You may need to have medically qualified staff assist in the guidance of your exercise program.

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- You are a man older than 45 years.
 - You are a woman older than 55 year or you have had a hysterectomy or you are postmenopausal.
 - You smoke.
 - Your blood pressure is greater than 140/90.
 - You don't know your blood pressure.
 - You take blood pressure medication.
 - Your blood cholesterol level is >240 mg/dL
 - You don't know your blood cholesterol level.
 - You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister).
 - You are diabetic or take medicine to control your blood sugar.
 - You are physically inactive (i.e. you get less than 30 minutes of physical activity on at least 3 days per week)
 - You are more than 20 pounds overweight.

If you marked (2) TWO OR MORE of the statements in this section, you should consult your healthcare provider BEFORE engaging in exercise. You might benefit by having professionally qualified exercise staff guide your exercise program.

None of the above is true.

I hereby certify that I have read, understood and honestly answered the Physical Activity Screening Questionnaire above. I understand that I should contact my personal physician or healthcare provider prior to engaging in physical activity if the screening questionnaire indicated so. I agree that should my individual circumstances change which would then change my answers to any of the above questions, I will promptly notify the fitness staff, complete a new questionnaire and follow through with the recommendations above.

Participant's signature _____ Date _____