



HLS Health & Fitness Centre

Sports Medicine Australia

Pre-exercise screening system 2005

Name: _____ DOB: / /

Gender: M F Height (cm): _____ Mass (kg): _____

- | | | | |
|-----|---|----|-----|
| 1. | Have you ever had a heart attack, coronary revascularization surgery or a stroke? | No | Yes |
| 2. | Has your doctor ever told you that you have heart trouble or vascular disease? | No | Yes |
| 3. | Has your doctor ever told you that you have a heart murmur? | No | Yes |
| 4. | Do you ever suffer from pains in your chest, especially with exercise? | No | Yes |
| 5. | Do you ever get pains in your calves, buttocks or at the back of your legs during exercise which are not due to soreness or stiffness? | No | Yes |
| 6. | Do you ever feel faint or have spells of severe dizziness, particularly with exercise? | No | Yes |
| 7. | Do you experience swelling or accumulation of fluid about the ankles? | No | Yes |
| 8. | Do you ever get the feeling that your heart is suddenly beating faster, racing or skipping beats, either at rest or during exercise? | No | Yes |
| 9. | Do you have chronic obstructive pulmonary disease, interstitial lung disease, or cystic fibrosis? | No | Yes |
| 10. | Have you ever had an attack of shortness of breath that developed when you were not doing anything strenuous, at any time in the last 12 months? | No | Yes |
| 11. | Have you ever has an attack of shortness of breath that developed after you stopped exercising, at any time in the last 12 months? | No | Yes |
| 12. | Have you ever been woken at night by an attack of shortness of breath, at any time in the last 12 months? | No | Yes |
| 13. | Do you have diabetes (IDDM or NIDDM)? If so, do you have trouble controlling your diabetes? | No | Yes |
| 14. | Do you have any ulcerated wounds or cuts on your feet that do not seem to heal? | No | Yes |
| 15. | Do you have any liver, kidney or thyroid disorders? | No | Yes |
| 16. | Do you experience unusual fatigue or shortness of breath with usual activities? | No | Yes |
| 17. | Is there any other physical reason or medical condition, or are you taking any medication(s) which could prevent you from undertaking an exercise program, or that you are concerned about? | No | Yes |



HLS Health & Fitness Centre

Sports Medicine Australia

Pre-exercise screening system 2005

- | | | | |
|-----|---|----|-----|
| 18. | Do you smoke cigarettes or have you given up smoking in the last six months? | No | Yes |
| 19. | Do you have a first degree male relative (i.e. father, son, brother) or female relative (i.e. mother, sister, daughter) who has a myocardial infarction, coronary revascularization, or died suddenly due to a heart attack before the age of 55 years (males) or 65 years (females)? | No | Yes |
| 20. | Do you know your fasting blood glucose level?
If yes, what is it? _____ | No | Yes |
| 21. | Do you know your systolic blood pressure?
If yes, what is it? _____ | No | Yes |
| 22. | Do you know your diastolic blood pressure?
If yes, what is it? _____ | No | Yes |
| 23. | Are you taking antihypertensive medication? | No | Yes |
| 24. | Do you know your total serum cholesterol concentration?
If yes, what is it? _____ | No | Yes |
| 25. | Do you know your serum HDL-cholesterol concentration?
If yes, what is it? _____ | No | Yes |
| 26. | Are you taking lipid-lowering medication? | No | Yes |
| 27. | Does your occupation involve sitting for long periods? | No | Yes |
| 28. | Do you regularly exercise? | No | Yes |
| 29. | Do you meet the current physical activity guidelines of 150 minutes of moderate intensity activity per week?
(see Active Australia Physical Activity Questionnaire) | No | Yes |
| 30. | Do you know your body mass index (BMI; kg.m ²)?
If yes, what is it? _____ | No | Yes |
| 31. | Do you know your waist girth (cm) measurement?
If yes, what is it? _____ | No | Yes |

*Note: Please leave shaded areas blank.



HLS Health & Fitness Centre

Sports Medicine Australia

Active Australia Physical Activity Questionnaire

The next few questions are about any physical activities that you may have done in the last week.

- A.1 In the last week, how many times have you walked continuously, for at least 10 minutes, for recreation, exercise or to get to or from places? _____
- A.2 What do you estimate was the total time (minutes) that you spent walking in this way in the last week? _____
- A.3 This question excludes household chores or gardening. In the last week, how many times did you do any vigorous physical activity which made you breath harder or puff and pant? (e.g. tennis, jogging, cycling, keep fit exercises).

- A.4 What do you estimate was the total time (minutes) that you spent doing this vigorous physical activity in the last week? _____
- A.5 This question excludes household chores or gardening. In the last week, how many times did you do any other more moderate physical activities that you have not already mentioned? (e.g. lawn bowls, golf, gentle swimming, etc). _____
- A.6 What do you estimate was the total time (minutes) that you spent doing these activities in the last week? _____