

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:

- | | |
|--|--|
| <input type="checkbox"/> chest discomfort with exertion | <input type="checkbox"/> dizziness, fainting, blackouts |
| <input type="checkbox"/> unreasonable breathlessness | <input type="checkbox"/> ankle swelling |
| <input type="checkbox"/> burning or cramping sensations in
your lower legs when walking short distances | <input type="checkbox"/> unpleasant awareness of a forceful,
rapid, or irregular heart rate |

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

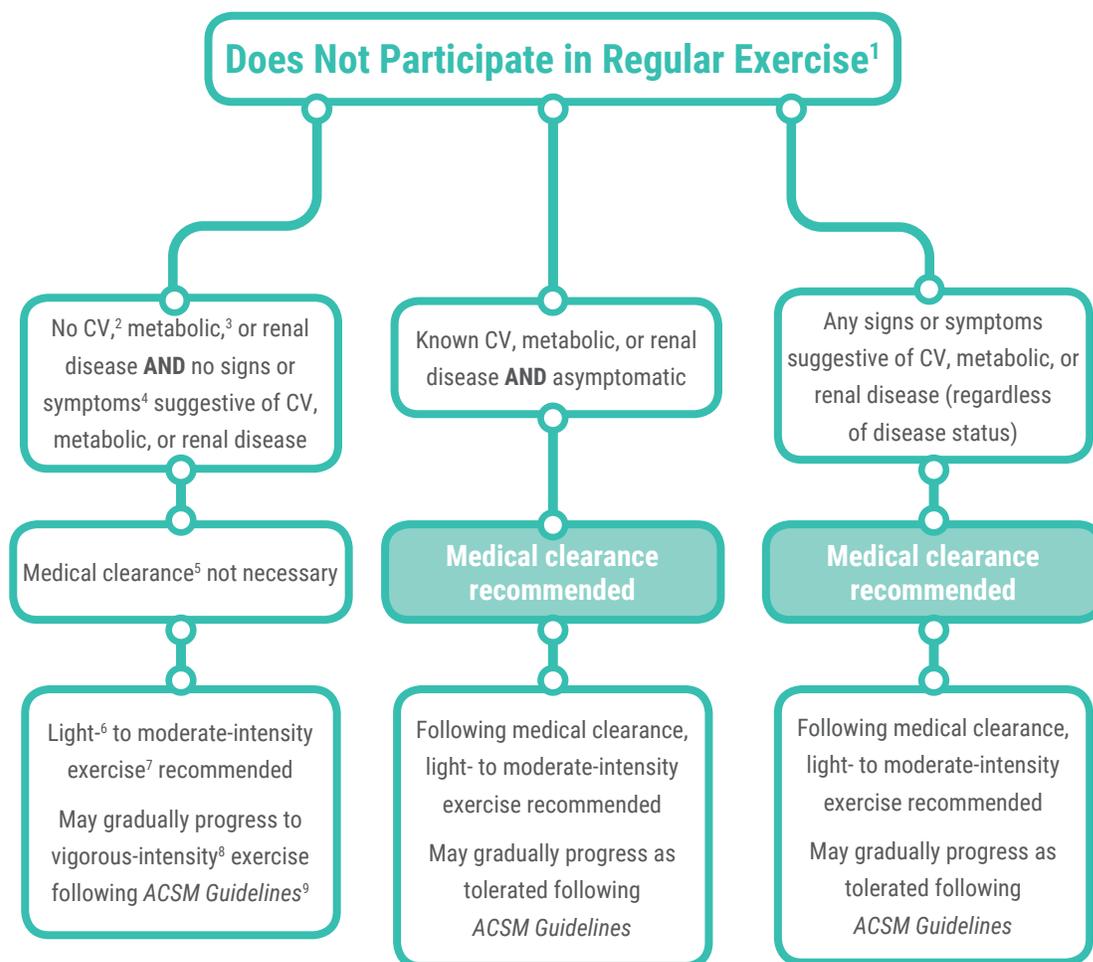
MEDICAL CONDITIONS

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

- | | |
|--|---|
| <input type="checkbox"/> a heart attack | <input type="checkbox"/> heart transplantation |
| <input type="checkbox"/> heart surgery, cardiac catheterization, or coronary angioplasty | <input type="checkbox"/> congenital heart disease |
| <input type="checkbox"/> pacemaker/implantable cardiac defibrillator/rhythm disturbance | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> heart valve disease | <input type="checkbox"/> renal disease |
| <input type="checkbox"/> heart failure | |

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**.



¹ **Exercise participation** Performing planned, structured physical activity for at least 30 minutes at moderate intensity on at least 3 days/week for at least the past 3 months

² **Cardiovascular disease** Cardiac, peripheral vascular, or cerebrovascular disease

³ **Metabolic disease** Type 1 and 2 diabetes mellitus

⁴ **Sign and symptoms** At rest or during activity. Includes pain, discomfort in the chest, neck, jaw, arms, or other areas that may result from ischemia; shortness of breath at rest or with mild exertion; dizziness or syncope; orthopnea or paroxysmal nocturnal dyspnea; ankle edema; palpitations or tachycardia; intermittent claudication; known heart murmur; unusual fatigue or shortness of breath with usual activities

⁵ **Medical clearance** Approval from a healthcare professional to engage in exercise

⁶ **Light-intensity exercise** 30–39% HRR or $\dot{V}O_2R$, 2–2.9 METs, RPE 9–11, an intensity that causes slight increases in HR and breathing

⁷ **Moderate-intensity exercise** 40–59% HRR or $\dot{V}O_2R$, 3–5.9 METs, RPE 12–13, an intensity that causes noticeable increases in HR and breathing

⁸ **Vigorous-intensity exercise** $\geq 60\%$ HRR or $\dot{V}O_2R$, ≥ 6 METs, RPE ≥ 14 , an intensity that causes substantial increases in HR and breathing

⁹ **ACSM Guidelines** *ACSM's Guidelines for Exercise Testing and Prescription*, 10th edition

Note: CV = Cardiovascular; HRR = Heart-rate reserve; $\dot{V}O_2R$ = Oxygen uptake reserve; METs = Metabolic equivalents; RPE = Rating of perceived exertion; HR = Heart rate; ACSM = American College of Sports Medicine

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