

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 distance

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 min at moderate intensity on at least 3 days per week for at least the last 3 months?

Yes ☐ No ☐

Continue to Step 3.

Step 3

MEDICAL CONDITIONS

Has your client had or do they 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**.