

Pre Exercise Questionnaire

Name _____ DOB _____ Sex M/F

Height _____ Weight _____

Address _____

Profession _____ Contact _____ Emerg Con _____

Stage 1 Questions - Known Diseases (circle all that applies)

1. List the medications you are taking _____

2. Do you have Diabetes? Yes/No
If Yes, IDDM or NIDDM
If IDDM, for how many years you had IDDM? _____ Years

3. Have you ever had a stroke? Yes/No

4. Has your doctor ever told you that you have heart trouble? Yes/No

5. Would you say that your breathing is never quite right? Yes/No

6. Do you have liver or kidney disease? Yes/No

7. Are you, or do you have reason to believe, that you are pregnant? Yes/No

Stage 2 Questions - Signs & Symptoms

8. Do you often have pains in your chest or heart, especially during exercise? Yes/No

9. At anytime in the last 12 months have you had an attack of shortness of breath that came on during the day when not doing anything strenuous? Yes/No

10. Do you feel faint or have spells of severe dizziness, particularly with exercise? Yes/No

11. Have you ever had an attack of shortness of breath that came on after you stopped exercising? Yes/No

12. Have you at anytime in the last 12 months been waken at night by an attack of shortness of breath? Yes/No

13. Do you experience swelling or accumulation of fluid about the ankles? Yes/No

14. Do you often get the feeling that your heart is beating faster, racing or skipping beats, either at rest or during exercise? Yes/No

15. Do you regularly get pains in your calves and lower legs during exercise, which are not due to sore or stiffness? Yes/No

16. Has your doctor ever told you have a heart murmur? Yes/No
17. Do you often experience fatigue when you are not doing anything strenuous or when you are not doing anything at all? Yes/No

Stage 3 Questions- Cardiac Risk Factors

18. Do you smoke daily? Yes/No
If yes, how many cigarettes per day on average? _____
19. Do you have a close relative (i.e. father, mother, brother, sister) who has had a stroke, heart attack or cardiovascular disease? Yes/No
If yes, what relation was this person to you? _____
20. Has your Doctor ever told you that you have high blood pressure? Yes/No
21. Do you know your systolic blood pressure? Yes/No
If yes, what is it? _____
22. Do you know your diastolic blood pressure? Yes/No
If yes, what is it? _____
23. Do you know your serum cholesterol level? Yes/No
If yes, what is it? _____
24. Do you know your serum HDL level? Yes/No
If yes, what is it? _____

Stage 4 - Exercise Intentions

25. Do you want to exercise vigorously (e.g. jog) or only at a moderate level? Moderate/Vigorous
26. Does your occupation involve sitting for a large part of the day? Yes/No
27. Have you experienced menopause before the age of 45? Yes/No

28. Current activity patterns

Intensity	Frequency	Duration
Nil	< 2 times per week	< 3 months
Walking	< 3 times per week	3-12 months
Vigorously	< 3 times per week	>12 months

Signed _____ Date _____