



### Industry Standard Health Screening Questions

#### PAR-Q

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|-----|----|--|
| Yes | No | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| Yes | No | Do you feel a pain in your chest when you do physical activity?  |
| Yes | No | In the past month, have you had chest pain when you were not doing physical activity?  |
| Yes | No | Do you lose your balance because of dizziness or do you ever lose consciousness?   |
| Yes | No | Do you have a bone or joint problem that could be made worse by a change in your physical activity?                              |
| Yes | No | Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                |
| Yes | No | Do you know of any reason why you should not do physical activity?   |

#### ACSM HEALTH STATUS QUESTIONNAIRE

- |     |    |  |
|-----|----|--|
| Yes | No | Do you have any personal history of heart disease?   |
| Yes | No | Have you had any personal history of metabolic disease (thyroid, renal, liver)?                |
| Yes | No | Have you had diabetes for less than 15 years?  |
| Yes | No | Have you had diabetes for 15 years or more?  |
| Yes | No | Have you experienced pain or discomfort in your chest apparently due to blood flow deficiency? |
| Yes | No | Any unaccustomed shortness of breath (perhaps during light exercise)?                          |
| Yes | No | Have you had any problems with dizziness or fainting?  |
| Yes | No | Do you have difficulty breathing while standing or sudden breathing problems at night?         |

- Yes**      **No**      Do you suffer from ankle edema (swelling of the ankles)?
- Yes**      **No**      Have you experienced a rapid throbbing or fluttering of the heart?
- Yes**      **No**      Have you experienced severe pain in the leg muscles during walking?
- Yes**      **No**      Do you have a known heart murmur?
- Yes**      **No**      Do you have a family history of cardiac or pulmonary disease prior to age 55?
- Yes**      **No**      Have you been assessed as hypertensive on at least 2 occasions?
- Yes**      **No**      Has your serum cholesterol been measured at greater than 240 mg/dl?
- Yes**      **No**      Has your HDL (the "good" cholesterol) been measured at greater than 60 mg/dl?
- Yes**      **No**      Are you a cigarette smoker?
- Yes**      **No**      Would you characterize your lifestyle as "sedentary"?

I have read and have answered all questions above accurately and honestly.

Signature \_\_\_\_\_

Date: \_\_\_\_\_