

# Duke Diet and Fitness Center Activity Pre-participation Screening Questionnaire

**Name:**

**Height:**

**Weight:**

Check here if none of the statements below apply.

*You should be able to exercise safely without consulting your physician or other healthcare provider in a self-guided program or almost any facility that meets your exercise program needs.*

## History

You have had:

- A heart attack
- Heart surgery (If yes, when? \_\_\_\_\_  
What kind? \_\_\_\_\_)
- Cardiac catheterization
- Coronary angioplasty (PICA)
- Pacemaker/implantable cardiac defibrillator/rhythm disturbance
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease

## Symptoms

- You experience chest discomfort with exertion.
- You experience unreasonable breathlessness.
- You experience dizziness, fainting, blackouts.

You take heart medications.

## Other health issues

- You have diabetes
- You have or asthma other lung disease.
- You have burning or cramping in your lower legs when walking short distances.
- You have musculoskeletal problems that limit your physical activity.
- You have concerns about the safety of exercise.
- You take prescription medication(s). Please list:  
\_\_\_\_\_  
\_\_\_\_\_

You are pregnant.

## Cardiovascular risk factors

- You are a man older than 45 years.
- You are a woman older than 55 years, you have had a hysterectomy, or you are postmenopausal.
- You smoke, or have quit within the previous 6 mo.
- Your BP is greater than 140/90.
- You don't know your BP.
- You take BP medication.
- Your blood cholesterol level is >200 mg/dL.
- You don't know your cholesterol level.
- You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister).

*If you marked two or more of the statements in this section, you should consult your physician or other appropriate healthcare provider before engaging in exercise. You might benefit by using a facility with a professionally qualified exercise staff to guide your exercise program.*

- You are physically inactive (i.e., you get less than 30 min. of physical activity on at least 3 days per week).
- You are more than 20 pounds overweight.