

PRE-EXERCISE SCREENING QUESTIONNAIRE

Name:

Emergency contact person:

Emergency contact number:

1. List the medications you take:

2. Do you have diabetes?

If Yes, is it IDDM or NIDDM?

If IDDM, for how many years have you had IDDM?

3. Have you had a stroke?

4. Have you ever had a heart attack?

5. Has your doctor told you that you have heart trouble?

6. Do you have liver or kidney disease?

7. Are you, or do you have reason to believe, that you are pregnant?

8. Is there any other physical reason which could prevent you from under taking an exercise programme even you wanted to eg. Cancer, arthritis, mental illness, thyroid, osteoporosis?

9. Do you ever have pain in your heart/chest especially with exercise?

10. Do you often feel faint or have spells of severe dizziness, particularly with exercise?

11. Do you experience swelling or accumulation of fluid about the ankles?

12. Has your doctor ever told you that you have a heart murmur?

13. Do you smoke cigarettes daily?

If yes how often?

PRE-EXERCISE SCREENING QUESTIONNAIRE CONT.

14. Do you take performance enhancing drugs or 'party drugs' ?

If yes how often?

15. Has your doctor ever told you, that you have high blood pressure?

16. Has your doctor ever told you, that you have high cholesterol?

If yes please specify?

17. Other comments:

The information obtained will be treated as confidential and will not be released or revealed to any client without your written consent. The information obtained may be used for statistical or scientific purpose with your right of privacy retained.