

# AHA/ACSM Health/Fitness Facility Pre-participation Screening Questionnaire

## Assess your health status by marking all true statements

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### History

You have had:

- \_\_\_\_\_ a heart attack
- \_\_\_\_\_ heart surgery
- \_\_\_\_\_ cardiac catheterization coronary angioplasty (PTCA)
- \_\_\_\_\_ 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, or blackouts
- \_\_\_\_\_ You take heart medications

Other health issues

- \_\_\_\_\_ You have diabetes
- \_\_\_\_\_ You have asthma or other lung disease
- \_\_\_\_\_ You have burning or cramping sensation 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)
- \_\_\_\_\_ You are pregnant

**If you marked any of these statements in this section, consult you physician or other appropriate health care provider before engaging in exercise. You may need to use a facility with a medically qualified staff.**

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### Cardiovascular risk factor

- \_\_\_\_\_ You are a man older than 45 years
- \_\_\_\_\_ You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal
- \_\_\_\_\_ You smoke, or quit smoking within the previous 6 month
- \_\_\_\_\_ Your blood pressure is >140/90 mm Hg
- \_\_\_\_\_ You do not know your blood pressure
- \_\_\_\_\_ You take blood pressure medication
- \_\_\_\_\_ Your blood cholesterol level is > 200 mg/dl
- \_\_\_\_\_ You do not know your cholesterol level

- \_\_\_\_\_ You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)
- \_\_\_\_\_ You are physically inactive (i.e., you get <30 minutes of physical activity on at least 3 per week)
- \_\_\_\_\_ You are >20 pounds overweight

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

\_\_\_\_\_ None of the above

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

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Modified from American College of Sports Medicine and American Heart Association. ACSM/AHA Joint Position Statement: Recommendations for cardiovascular screening, staffing, and emergency policies at health/fitness facilities. *Medicine and Science in Sports and Exercise* 1998: 1018