

Healthy Lifestyle Screening Questionnaire

Print Name: _____

Department: _____

Phone/Email address: _____

Assess your health needs by checking or marking all *true* statements.

If you marked ANY BOX in this section, consult your healthcare provider before engaging in exercise or weight loss programs. You may need to use a facility with a medically qualified staff.	If you marked 2 or MORE BOXES in this section, consult your healthcare provider before engaging in exercise or a weight loss program. You might benefit by using a facility with professionally qualified staff to guide your exercise program.
<u>CARDIOVASCULAR HISTORY:</u>	<u>CARDIOVASCULAR RISK FACTORS:</u>
<input type="checkbox"/> A heart attack	<input type="checkbox"/> You are a man older than 45 years.
<input type="checkbox"/> Heart surgery	<input type="checkbox"/> You are a woman older than 55 years or you have had a hysterectomy or you are postmenopausal.
<input type="checkbox"/> Cardiac catheterization	<input type="checkbox"/> You smoke.
<input type="checkbox"/> Coronary angioplasty (PTCA)	<input type="checkbox"/> Your blood pressure is >140/90.
<input type="checkbox"/> Pacemaker/implantable	<input type="checkbox"/> You do not know your blood pressure.
<input type="checkbox"/> Cardiac defibrillator/rhythm disturbance	<input type="checkbox"/> You take blood pressure medication.
<input type="checkbox"/> Heart valve disease	<input type="checkbox"/> Your blood cholesterol level is >240 mg/dL.
<input type="checkbox"/> Heart failure	<input type="checkbox"/> You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister).
<input type="checkbox"/> Heart transplantation	<input type="checkbox"/> You are diabetic or take medicine to control your blood pressure.
<input type="checkbox"/> Congenital heart disease	<input type="checkbox"/> You are physically inactive (i.e., you get <30 minutes of physical activity on at least 3 days per week).
	<input type="checkbox"/> You are >20 pounds overweight. See a body mass index (BMI) chart. Use a BMI of 25.0 as your ideal weight.
<u>SYMPTOMS:</u>	
<input type="checkbox"/> You experience chest discomfort with exertion	
<input type="checkbox"/> You experience unreasonable breathlessness.	
<input type="checkbox"/> You experience dizziness, fainting, blackouts.	
<input type="checkbox"/> You take heart medications.	
<u>OTHER HEALTH ISSUES:</u>	
<input type="checkbox"/> You have musculoskeletal problems.	
<input type="checkbox"/> You have concerns about the safety of exercise.	
<input type="checkbox"/> You take prescription medication(s).	
<input type="checkbox"/> You are pregnant.	

<input type="checkbox"/> None of the above is true and there are no marked boxes.	You should be able to exercise safely and participate in a weight loss program without consulting your healthcare provider in almost any facility that meets your exercise program needs.
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Screening tool developed by the American Heart Association/American College of Sports Medicine.

BRING THIS COMPLETED FORM WITH YOU TO YOUR OFFICIAL WEIGH-IN. IF YOU RECEIVE APPROVAL TO PARTICIPATE, PLEASE BRING A SIGNED APPROVAL FROM YOUR PHYSICIAN OR HEALTHCARE PROVIDER.

Signature: _____ **Date:** _____

Physician Signature (If needed): _____ **Date:** _____

