#  Pre-Activity Screening Questionnaire

#  Self-Guided

# Instructions:

Please complete and sign this form, and then refer to the Summary/Recommendations. Bring this form with you to the first day of class or session.

**Current Physical Activity\***

Over the last three months, have you regularly performed physical activity for at least 30 minutes, three days/week at a moderate intensity level?

 **Note:** Moderate intensity activity causes noticeable increases in heart rate and breathing

 such as walking at a brisk pace

**❑ Yes**

**❑ No**

**Section 1 – Medical Conditions**

Please check the box (√) for any of the following medical conditions that you have had or currently have.

❑ Heart attack

❑ Heart surgery

❑ Cardiac catheterization

❑ Coronary angioplasty (PTCA)

❑ Heart valve disease

❑ Heart failure

❑ Heart transplantation

❑ Congenital heart disease

❑ Abnormal heart rhythm

❑ Pacemaker/implantable cardiac defibrillator

❑ Peripheral vascular disease (PVD or PAD): disease affecting blood vessels in arms, hands, legs, and feet

❑ Cerebrovascular disease -- stroke or TIA (transient ischemic attack)

❑ Renal (kidney) disease

❑ Type 1 or Type 2 Diabetes

# Section 2- Signs or Symptoms

Please check the box (√) for any of the signs/symptoms that you have recently experienced**.**

❑ Pain, discomfort in the chest, neck, jaw or arms at rest or upon exertion

❑ Shortness of breath at rest or with mild exertion

❑ Dizziness or loss of consciousness during or shortly after exercise

❑ Shortness of breath occurring at rest or 2-5 hours after the onset of sleep

❑ Edema (swelling) in both ankles that is most evident at night or swelling in a limb

❑ An unpleasant awareness of forceful or rapid beating of the heart

❑ Pain in the legs or elsewhere while walking; often more severe when walking upstairs/uphill

❑ Known heart murmur

❑ Unusual fatigue or shortness of breath with usual activities

**Summary/Recommendations:**

OVER

**Summary/Recommendations:**

Did you check any of the items in Section 1 or in Section 2?

❑ Yes ❑ No

* Medical clearance**+** is necessary\*\*\* -- Medical clearance**+** is not necessary
* After obtaining medical clearance, begin with -- Begin with light**\*** to moderate**\*\*** intensity exercise light**\*** to moderate**\*\*** intensity exercise

and/or followrecommendations from healthcare provider

**+ Medical Clearance** -- approval from a healthcare professional to engage in physical activity

**\*Light Intensity** – an activity that causes slight increases in heart rate and breathing

**\*\*Moderate Intensity** -- an activity that causes noticeable increases in heart rate and breathing

**Section 4- Acknowledgement, Follow-Up and Signature**

I acknowledge that I have read this questionnaire in its entirety and have responded accurately, completely, and to the best of my knowledge. Any questions regarding the items on this questionnaire were answered to my satisfaction. Also, if my health status changes at any time such that my answers to any of the above questions would be changed, I understand that I am responsible to inform a staff member at this facility of any such changes.

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**Print your name here Signature Date**

**Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\* Medical Clearance** -- approval from a healthcare professional to engage in physical activity.

If Medical Clearance is necessary, you are required to provide Campus Recreation with a note from your primary care physician clearing you to exercise before continuing with the program. If you decide not to receive medical clearance you may sign a refusal to obtain medical clearance to exercise form (available at first session).

Medical Clearance notes/forms maybe:

Faxed to: 207-581-4898

OR

Emailed to: joshua.b.bridges@maine.edu AND please indicate what program you are participating in.