

ADULT PRE-EXERCISE SCREENING TOOL

This screening tool does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Exercise and Sports Science Australia, Fitness Australia or Sports Medicine Australia for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

Name: _____

Date of Birth: _____ Male Female Date: _____

STAGE 1 (COMPULSORY)

AIM: to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self administered and self evaluated.

Please circle response

1.	Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	Yes	No
2.	Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	Yes	No
3.	Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	Yes	No
4.	Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	Yes	No
5.	If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?	Yes	No
6.	Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?	Yes	No
7.	Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	Yes	No

IF YOU ANSWERED 'YES' to any of the 7 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise

IF YOU ANSWERED 'NO' to all of the 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise

I believe that to the best of my knowledge, all of the information I have supplied within this tool is correct.

Signature _____ Date _____

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STAGE 2 (OPTIONAL)

Name: _____

Date of Birth: _____ Date: _____

AIM: To identify those individuals with risk factors or other conditions to assist with appropriate exercise prescription. This stage is to be administered by a qualified exercise professional.

RISK FACTORS

<p>1. Age _____</p> <p>Gender _____</p>	<p>≥ 45yrs Males or ≥ 55yrs Females +1 risk factor</p>																	
<p>2. Family history of heart disease (eg: stroke, heart attack)</p> <table border="0"> <thead> <tr> <th>Relative</th> <th>Age</th> <th>Relative</th> <th>Age</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Father</td> <td>_____</td> <td><input type="checkbox"/> Mother</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Brother</td> <td>_____</td> <td><input type="checkbox"/> Sister</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Son</td> <td>_____</td> <td><input type="checkbox"/> Daughter</td> <td>_____</td> </tr> </tbody> </table>	Relative	Age	Relative	Age	<input type="checkbox"/> Father	_____	<input type="checkbox"/> Mother	_____	<input type="checkbox"/> Brother	_____	<input type="checkbox"/> Sister	_____	<input type="checkbox"/> Son	_____	<input type="checkbox"/> Daughter	_____	<p>If male < 55yrs = +1 risk factor</p> <p>If female < 65yrs = +1 risk factor</p> <p>Maximum of 1 risk factor for this question</p>	
Relative	Age	Relative	Age															
<input type="checkbox"/> Father	_____	<input type="checkbox"/> Mother	_____															
<input type="checkbox"/> Brother	_____	<input type="checkbox"/> Sister	_____															
<input type="checkbox"/> Son	_____	<input type="checkbox"/> Daughter	_____															
<p>3. Do you smoke cigarettes on a daily or weekly basis or have you quit smoking in the last 6 months? Yes No</p> <p>If currently smoking, how many per day or week? _____</p>	<p>If yes, (smoke regularly or given up within the past 6 months) = +1 risk factor</p>																	
<p>4. Describe your current physical activity/exercise levels:</p> <table border="0"> <thead> <tr> <th></th> <th>Sedentary</th> <th>Light</th> <th>Moderate</th> <th>Vigorous</th> </tr> </thead> <tbody> <tr> <td>Frequency sessions per week</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Duration minutes per week</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Sedentary	Light	Moderate	Vigorous	Frequency sessions per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duration minutes per week	_____	_____	_____	_____	<p>If physical activity level < 150 min/ week = +1 risk factor</p> <p>If physical activity level ≥ 150 min/ week = -1 risk factor (vigorous physical activity/ exercise weighted x 2)</p>		
	Sedentary	Light	Moderate	Vigorous														
Frequency sessions per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Duration minutes per week	_____	_____	_____	_____														
<p>5. Please state your height (cm) _____</p> <p>weight (kg) _____</p>	<p>BMI = _____</p> <p>BMI ≥ 30 kg/m² = +1 risk factor</p>																	
<p>6. Have you been told that you have high blood pressure? Yes No</p>	<p>If yes, = +1 risk factor</p>																	
<p>7. Have you been told that you have high cholesterol? Yes No</p>	<p>If yes, = +1 risk factor</p>																	
<p>8. Have you been told that you have high blood sugar? Yes No</p>	<p>If yes, = +1 risk factor</p>																	

Note: Refer over page for risk stratification.

STAGE 2 Total Risk Factors =

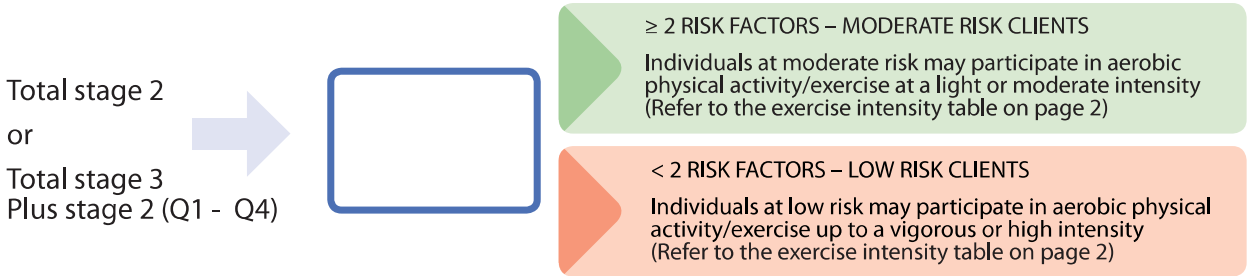
9. Have you spent time in hospital (including day admission) for any medical condition/illness/injury during the last 12 months? Yes No	If yes, provide details
10. Are you currently taking a prescribed medication(s) for any medical conditions(s)? Yes No	If yes, what is the medical condition(s)?
11. Are you pregnant or have you given birth within the last 12 months? Yes No	If yes, provide details. I am _____ months pregnant or postnatal (circle).
12. Do you have any muscle, bone or joint pain or soreness that is made worse by particular types of activity? Yes No	If yes, provide details

STAGE 3 (OPTIONAL)

AIM: To obtain pre-exercise baseline measurements of other recognised cardiovascular and metabolic risk factors. This stage is to be administered by a qualified exercise professional. (Measures 1, 2 & 3 – minimum qualification, Certificate III in Fitness; Measures 4 and 5 minimum level, Exercise Physiologist*).

	RESULTS	RISK FACTORS
1. BMI (kg/m ²)		BMI ≥ 30 kg/m ² = +1 risk factor
2. Waist girth (cm)		Waist > 94 cm for men and > 80 cm for women = +1 risk factor
3. Resting BP (mmHg)		SBP ≥ 140 mmHg or DBP ≥ 90 mmHg = +1 risk factor
4. Fasting lipid profile*		Total cholesterol ≥ 5.20 mmol/L = +1 risk factor HDL cholesterol > 1.55 mmol/L = -1 risk factor HDL cholesterol < 1.00 mmol/L = +1 risk factor Triglycerides ≥ 1.70 mmol/L = +1 risk factor LDL cholesterol ≥ 3.40 mmol/L = +1 risk factor
5. Fasting blood glucose*		Fasting glucose ≥ 5.50 mmol = +1 risk factor
		STAGE 3 Total Risk Factors =

RISK STRATIFICATION



Note: If stage 3 is completed, identified risk factors from stage 2 (Q1-4) and stage 3 should be combined to indicate risk. If there are extreme or multiple risk factors, the exercise professional should use professional judgement to decide whether further medical advice is required.