

# 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:

Gender:  MALE  FEMALE Membership Number

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.

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: \_\_\_\_\_

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	
1	Age: Gender:		≥ 45yrs Males or ≥ 55yrs Females +1 risk factor			
2	Family history of heart disease (eg: stroke, heart attack)		If male < 55yrs = +1 risk factor If female < 65yrs = +1 risk factor Maximum of 1 risk factor for this question			
	<b>Relative</b>	<b>Age</b>	<b>Relative</b>	<b>Age</b>		
	Father		Mother			
	Brother		Sister			
	Son		Daughter			
3	Do you smoke cigarettes on a daily or weekly basis or have you quit smoking in the last 6 months?		If yes, (smoke regularly or given up within the past 6 months) = +1 risk factor			
4	Describe your current physical activity/exercise levels:				If physical activity level < 150 min/ week = +1 risk factor If physical activity level ≥ 150 min/ week = -1 risk factor (vigorous physical activity/exercise weighted x 2)	
		Sedentary	Light	Moderate		Vigorous
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Frequency					
	Duration					
5	Have you been told that you have high blood pressure? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, = +1 risk factor			
6	Have you been told that you have high cholesterol? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, = +1 risk factor			
7	Have you been told that you have high blood sugar? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, = +1 risk factor			
<p>≥ 2 RISK FACTORS – MODERATE RISK CLIENTS</p> <p>Individuals at moderate risk may participate in aerobic physical activity/exercise at a light or moderate intensity</p>						
<p>&lt; 2 RISK FACTORS – LOW RISK CLIENTS</p> <p>Individuals at low risk may participate in aerobic physical activity/exercise up to a vigorous or high intensity</p>						

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL MOTIVATION FOR MEMBERSHIP**

- |                     |                          |                            |                          |
|---------------------|--------------------------|----------------------------|--------------------------|
| Improve Health      | <input type="checkbox"/> | Weight Loss                | <input type="checkbox"/> |
| Improve Fitness     | <input type="checkbox"/> | Stress Relief              | <input type="checkbox"/> |
| Improve Strength    | <input type="checkbox"/> | Improve Sports Performance | <input type="checkbox"/> |
| Improve Muscle Tone | <input type="checkbox"/> | Injury Recovery            | <input type="checkbox"/> |
| Improve Flexibility | <input type="checkbox"/> |                            | <input type="checkbox"/> |

**PERSONAL PREFERENCES FOR FITNESS**

- |                                |                          |                              |                          |
|--------------------------------|--------------------------|------------------------------|--------------------------|
| Group Fitness Classes          | <input type="checkbox"/> | Functional Strength Training | <input type="checkbox"/> |
| Spin Classes                   | <input type="checkbox"/> | Body Weight Training         | <input type="checkbox"/> |
| Electronic Cardio Equipment    | <input type="checkbox"/> | Personal Training            | <input type="checkbox"/> |
| Free Weights                   | <input type="checkbox"/> | Small Group Training         | <input type="checkbox"/> |
| Cable Weights                  | <input type="checkbox"/> | Stretching                   | <input type="checkbox"/> |
| High Intensity Training (HITs) | <input type="checkbox"/> | Pilates/Yoga                 | <input type="checkbox"/> |
| Boxing                         | <input type="checkbox"/> | Running                      | <input type="checkbox"/> |
| Staying Active (over 55s)      | <input type="checkbox"/> | Cycling                      | <input type="checkbox"/> |

**Office Use Only**

<b>Medical Certificate Required</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Date</b>	<input type="text"/>
<b>Referral Letter Provided</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Staff Member</b>	<input type="text"/>

<b>INTENSITY CATEGORY</b>	<b>HEART RATE MEASURES</b>	<b>PERCEIVED EXERTION MEASURES</b>	<b>DESCRIPTIVE MEASURES</b>
SEDENTARY	< 40% HRmax	Very, very light RPE# < 1	Activities that usually involve sitting or lying and that have little additional movement and a low energy requirement
LIGHT	40 to <55% HRmax	Very light to light RPE# 1-2	An aerobic activity that does not cause a noticeable change in breathing rate  An intensity that can be sustained for at least 60 minutes
MODERATE	55 to <70% HRmax	Moderate to somewhat hard RPE# 3-4	An aerobic activity that is able to be conducted whilst maintaining a conversation uninterrupted  An intensity that may last between 30 and 60 minutes
VIGOROUS	70 to <90% HRmax	Hard RPE# 5-6	An aerobic activity in which a conversation generally cannot be maintained uninterrupted  An intensity that may last up to about 30 minutes
HIGH	≥ 90% HRmax	Very hard RPE# ≥ 7	An intensity that generally cannot be sustained for longer than about 10 minutes

# = Borg's Rating of Perceived Exertion (RPE) scale, category scale 0-10