

LABORATORY 2.1

Health Status Questionnaire

NAME _____ DATE _____

The following questions are part of an exercise screening questionnaire originally developed by the Connecticut Mutual Life Insurance Company and modified by the authors. If you answer "yes" to any of the following questions, you should have a thorough medical exam prior to beginning an exercise program.

1. Have you ever had chest pains or a sensation of pressure in your chest that occurred during or immediately following exercise?
2. Do you have chest discomfort when climbing stairs or walking against a cold wind, or during any physical activity?
3. Does your heart ever beat unevenly or irregularly or seem to flutter or skip beats?
4. Do you ever experience sudden bursts of very rapid heart action or periods of slow heart action without apparent cause?
5. Do you take any prescription medicine on a regular basis?
6. Has your doctor ever told you that you have heart problems?
7. Do you have any respiratory problems such as asthma, or do you experience shortness of breath during light physical activity?
8. Do you have arthritis or any condition affecting your joints or back that makes exercise painful?
9. Do you have any of the following risk factors for heart disease: (a) high blood pressure; (b) high blood cholesterol; (c) overweight by more than 30%; (d) smoking; or (e) any close relatives (father, mother, brother, etc.) that have had a history of heart disease prior to age 55?