

Risk Factors

Note: This form covers many areas of risk, but additional conditions that would limit or prohibit certain forms of exercise may not have been listed.

Name (*Please Print*)

Date:

Check the box to the left of each statement that describes you; complete items at the bottom of the sheet.

- I experience pain on movement due to muscle, bone, tendon, ligament or joint injury, *or* past surgery.
- I have had joint reconstructive or joint replacement surgery. (Joint(s): _____)
- I experience pain, discomfort or pressure in the chest, neck, jaw, arms, shoulder, elbow or back with physical activity.
- I experience pain, discomfort or pressure in the chest, neck, jaw, arms, shoulder, elbow or back when at rest.
- I experience occasional dizziness or fainting.
- I sometimes experience difficulty breathing while lying down or experience night episodes in which I suddenly have difficulty breathing.
- My ankles/lower legs swell to the point where I can make an indentation on my lower leg with my thumb.
- Sometimes my heart pounds or races, or I experience unusual heart sensations without exercise or other known cause.
- I often experience pain and/or cramping in my legs with walking short distances or other mild exercise.
- I have been diagnosed with a nerve or muscular disease (e.g., Parkinson's, MS, etc.).
- I experience unusual fatigue or shortness of breath with day-to-day activities.
- I have osteoarthritis, rheumatoid arthritis, or some other form of arthritis.
- I have been told I have osteoporosis or osteopenia (bone weakness).
- I have heart disease (for example, coronary artery, valve or congestive heart disease, or an abnormal heart rhythm).
- I have lung disease (e.g., emphysema, asthma, chronic bronchitis), diabetes, thyroid, kidney or liver disease.
- A physician has placed or recommended limitations or restrictions on my activity or exercise.

- One of the following describes me:** ¹I am a man over 45 years of age, or ²a woman over 55, or ³a woman who experienced premature menopause without estrogen replacement therapy, or ⁴a woman who is pregnant.
- A male first degree relative (parent, sibling or child) experienced a heart attack or sudden death before 55 years of age; or a female first degree relative experienced a heart attack or sudden death before 65 years of age.
- I am currently a smoker.
- I have high total cholesterol (over 200) or low HDL cholesterol (below 40 for a man; below 50 for a woman).
- My blood pressure is above normal - at/above 120 systolic or 80 diastolic), and /or I am on blood pressure medication.
- Current diabetes:** ¹I have type 1 diabetes; ²have type 2 diabetes; ³on diabetes meds or insulin
- I live a sedentary life: I don't exercise regularly, and my work and recreation require only moderate activity at most.
- One of the following describes me:** ¹I am male with waist of 40" or more or, ² female with waist of 35" inches or more (at the belly button, while standing, with abdomen relaxed; pants size is *not* accurate).

My height in inches, without shoes:

My weight, minus clothes:

*** On the accompanying form, please list all meds/supplements you are taking**

