

## ADULT PRE-EXERCISE SCREENING TOOL

**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 1 assessment 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. You may also contact Toni for further advice on how to proceed.		
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		

*NB: 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.*