LINDENWOOD UNIVERSITY
EXERCISE AND PERFORMANCE NUTRITION LABORATORY

Health and Fitness Pre-Participation Screening Questionnaire

Directions. The purpose of this questionnaire is to enable the staff of the Exercise and Performance Nutrition Laboratory and the School of Health Sciences to evaluate your health and fitness status and to determine your level of readiness to begin a research study or complete various certain physiological assessments. Please answer the following questions to the best of your knowledge. All information given is **CONFIDENTIAL** as described in the **Informed Consent Statement.**

Name: _____ **Age:** _____ **Gender:** Male Female

Cell Phone: _____ **Email:** _____

Ethnicity: _____ **Height:** _____ **Weight:** _____

HISTORY

You have had:

____ a heart attack
____ heart surgery
____ cardiac catheterization
____ coronary angioplasty (Percutaneous Transluminal Coronary Angioplasty)
____ a pacemaker and/or an implantable cardiac defibrillator installed in your chest
____ heart rhythm disturbances (atrial fibrillation [Afib], ventricular tachycardia [Vtach], or ventricular fibrillation [Vfib])
____ heart failure (or congenital heart failure)
____ heart transplantation
____ congenital heart failure
____ heart valve disease
____ heart transplantation
____ heart failure (or congenital heart failure)

SYMPTOMS

____ You experience chest discomfort with exertion
____ You experience unreasonable breathlessness
____ You experience dizziness, fainting, or blackouts
____ You experience ankle swelling
____ You experience unpleasant awareness of a forceful or rapid heart rate
____ You take heart medications

CARDIOVASCULAR RISK FACTORS

____ You are a man $\geq$ 45 years
____ You are a woman $\geq$ 55 years
____ Your blood pressure is $\geq$ 140 / 90 mm Hg
____ You do not know your blood pressure
____ You take a blood pressure medication
____ You smoke or quit smoking within the previous 6 months
____ Your blood cholesterol level is $\geq$ 200 mg/dL
____ You do not know your blood cholesterol level
____ You have a close female blood relative (mother, sister) who had a heart attack or heart surgery before age 65
____ You have a close male blood relative (father, brother) who had a heart attack or heart surgery before age 55
____ You get less than 30 minutes of physical activity on at least 3 days per week
____ You have a body mass index (BMI) $\geq$ 30 kg/m^2 or your body fat percentage is greater than 30%
____ You have prediabetes
____ You do not know if you have prediabetes

Are you currently diagnosed with or have you previously been diagnosed with having any of the following conditions? Please check all that apply.

____ Heart murmur, clicks, or other cardiac findings
____ Frequent extra, skipped, or rapid heartbeats?
____ Chest Pain of Angina (with or without exertion)
____ High cholesterol
____ Diagnosed high blood pressure
____ Heart attack or any cardiac surgery
____ Leg cramps (during exercise)
____ Chronic swollen ankles
____ Varicose veins
____ Frequent dizziness/fainting
____ Muscle or joint problems
____ High blood sugar/diabetes
____ Thyroid Disease
____ Low testosterone/hypogonadism
____ Glaucoma
____ Asthma/breathing difficulty
____ Bronchitis, Chest Cold, or Acute Infections
____ Cancer, Melanoma, or Suspected Skin Lesions
____ Stroke or Blood Clots
____ Emphysema/lung disease
____ Epilepsy/seizures
____ Rheumatic fever
____ Scarlet fever
____ Ulcers
____ Pneumonia
____ Anemias
____ Liver or kidney disease
____ Autoimmune disease
____ Nerve disease/Neurological Disorders
____ Psychological Disorders

Are you taking any medications, vitamins, or dietary supplements now? Y N

If yes, what are they? _____

_____

Are you allergic to latex? Y N

Are you allergic to lidocaine? Y N

Do you have allergies to any other medications? If yes, what are they?

_____

Have you been seen by a health care provider in the past year? Y N

If yes, elaborate on the reason for the visit: _____

Have you ever experienced any adverse effects during or after exercise (fainting, palpitations, hyperventilation)? Y N

If yes, elaborate on what happened: _____

LIFESTYLE FACTORS

Do you now or have you ever used tobacco? Y N If yes: type _____

How many years have you used tobacco? _____ years Quantity: _____ packs/day Years since quitting_____

How often do you drink the following?

Caffeinated coffee, tea, or soda _____oz/day Servings (drinks) of Alcohol Per Week _____

Indicate your current level of emotional stress. High_____ Moderate _____ Low_____

Indicate your current average hours of sleep per night. _____

WOMEN ONLY

Are you currently using oral contraceptives? Y N If yes, type: _____

Are you currently using a hormonal IUD such as Mirena, Skyla, or Liletta? Y N

Please check the response that most closely describes your menstrual status:

_____ Post-menopausal (surgical or absence of normal menstrual periods for 12 months)

_____ Eumenorrheic – Normal menstrual periods (~every 28 days)

_____ Amenorrheic – Absence of normal menstrual periods for at least 3 months

_____ Oligomenorrheic – Irregular menstrual periods with occasional missed cycles.

What was the date of your last menses? _____

What is the approximate length of your menstrual cycle? _____

Is it possible that you are pregnant today? Y N

Do you plan to become pregnant during the course of this study? Y N

Do you understand that if you are currently pregnant or you become pregnant at a time when you are participating in a research study, you will no longer be eligible to participate in that study? Y N

Recommendation for Participation (RESEARCH STAFF ONLY)

____ No exclusion criteria presented. Subject is ***cleared*** to participate in activity.

____ Exclusion criteria is/are present. Subject is ***not cleared*** to participate in activity and must provide proof of physician clearance prior to participating in activity.

Signed: _____ Date: _____