

Adult Pre-Exercise Screening System (APSS)

Pre-Exercise Health Questionnaire – Stage 1

- Has your medical practitioner ever told you that you have a heart condition, or have you ever suffered a stroke?
YES NO
- Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?
YES NO
- Do you ever feel faint, dizzy or lose balance during physical activity/exercise?
YES NO
- Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?
YES NO
- If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?
YES NO
- Do you have any other medical conditions that may require special consideration for you to exercise?
YES NO

If the individual answers YES to any of the first 6 questions, they are advised to seek guidance from an appropriate allied health professional or their medical practitioner prior to undertaking physical activity/exercise.

- Describe your current physical activity/exercise levels in a typical week by stating the frequency and duration at the different intensities.

INTENSITY	Light	Moderate	Vigorous/High	Weighted physical activity/exercise per week
FREQUENCY (Number of sessions per week)				Total minutes = (minutes of light + moderate) + (2 x minutes of vigorous)
DURATION (Total Minutes per week)				TOTAL = _____ minutes per week

- **If the total is less than 150 minutes per week then light to moderate intensity exercise is recommended. Increase your volume and intensity slowly**
- **If the total is more than or equal to 150 minutes of exercise per week then continue with your current physical activity levels**

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

CLIENT SIGNATURE _____ DATE _____

Adult Pre-Exercise Screening System (APSS)

Pre-Exercise Health Questionnaire – Stage 2

CLIENT DETAILS	GUIDELINES FOR ASSESSING RISK
<ul style="list-style-type: none"> Demographics Age _____ Gender _____ Family History of heart disease (e.g. stroke, heart attack) Relationship (e.g. father) _____ Age at heart disease event _____ _____ _____ 	<p>Risk of an adverse event increases with age, particularly males ≥ 45 years and females ≥ 55 years</p> <p>A family history of heart disease refers to an adverse event that occurs in relatives including parents, grandparents, uncles and/or aunts before the age of 55 years.</p>
<ul style="list-style-type: none"> Do you smoke cigarettes on a daily or weekly basis, or have you quit smoking in the last 6 months? YES NO If currently smoking, how many per day or week? _____ 	<p>Smoking, even on a weekly basis, substantially increases risk for premature death and disability. The negative effects are still present up to at least 6months post smoking</p>
<ul style="list-style-type: none"> Body Composition Weight (kg) _____ Height (cm) _____ Body Mass Index (kg/m²) _____ Waist Circumference (cm) _____ Hip Circumference (cm) _____ Waist to Hip Ratio _____ 	<p>Any of the below increases the risk of chronic diseases:</p> <p>BMI ≥ 30 kg/m</p> <p>Waist > 94cm male or > 80cm female</p> <p>Waist to Hip Ratio: Female - 0.81 - 0.85 = Increased risk ≥ 0.86 = High Risk Male - 0.96 - 1.00 = Increased risk ≥ 1.01 = High Risk</p>
<ul style="list-style-type: none"> Have you been told that you have high blood pressure? YES NO If known systolic/diastolic (mmHg) _____ Are you taking any medication for this condition? YES NO If yes provide details _____ 	<p>Either of the below increases the risk of heart disease:</p> <p>Systolic blood pressure ≥ 140 mmHg</p> <p>Diastolic blood pressure ≥ 90 mmHg</p>
<ul style="list-style-type: none"> Have you been told that you have high cholesterol/blood lipids? YES NO If Known: Total Cholesterol (mmol/L) _____ HDL (mmol/L) _____ LDL (mmol/L) _____ Triglycerides _____ Are you taking any medication for this condition? YES NO If yes provide details _____ 	<p>Either of the below increases the risk of heart disease:</p> <p>Total cholesterol ≥ 5.2 mmol/L</p> <p>HDL < 1.0 mmol/L</p> <p>LDL ≥ 3.4 mmol/L</p> <p>Triglycerides ≥ 1.7 mmol/L</p>

<ul style="list-style-type: none"> Have you been told that you have high blood sugar (glucose)? <p>YES NO</p> <p>If known: Fasting blood glucose (mmol/L) _____</p> <p>Are you taking any medication for this condition?</p> <p>YES NO</p> <p>If yes provide details _____</p>	<p>Fasting blood sugar (glucose) ≥ 5.5 mmol/L increases the risk of diabetes.</p>
<ul style="list-style-type: none"> Are you currently prescribed medication(s) for any condition(s)? These are additional to those already provided <p>YES NO</p> <p>If yes, what are the medical conditions? _____</p>	<p>Taking medication indicates a medically diagnosed problem. Judgment is required when taking medication information into account for determining appropriate exercise prescription because it is common for clients to list 'medications' that include contraceptive pills, vitamin supplements and other non-pharmaceutical tablets. Exercise professionals are not expected to have an exhaustive understanding of medications. Therefore, it may be important to use common language to describe what medical conditions the drugs are prescribed for</p>
<ul style="list-style-type: none"> Have you spent time in hospital (including any admission) for any condition/illness/injury during the last 12 months? <p>YES NO</p> <p>If yes, provide details _____</p>	<p>There are positive relationships between illness rates and death versus the number and length of hospital admissions in the previous 12 months. This includes admissions for heart disease, lung disease (e.g., Chronic Obstructive Pulmonary Disease (COPD) and asthma), dementia, hip fractures, infectious episodes and inflammatory bowel disease. Admissions are also correlated to 'poor health' status and negative health behaviours such as smoking, alcohol consumption and poor diet patterns.</p>
<ul style="list-style-type: none"> Are you pregnant or have you given birth within the last 12 months? <p>YES NO</p> <p>If yes, provide details _____ _____</p>	<p>During pregnancy and after recent childbirth are times to be more cautious with exercise. Appropriate exercise prescription results in improved health to mother and baby. However, joints gradually loosen to prepare for birth and may lead to an increased risk of injury especially in the pelvic joints. Activities involving jumping, frequent changes of direction and excessive stretching should be avoided, as should jerky ballistic movements. Guidelines/fact sheets can be found here: 1) www.exerciseismedicine.com.au 2) www.fitness.org.au/Pre-and-Post-Natal-Exercise-Guidelines</p>
<ul style="list-style-type: none"> Do you have any diagnosed muscle, bone, tendon, ligament or joint problems that you have been told could be made worse by participating in exercise? <p>YES NO</p> <p>If yes, provide details _____ _____</p>	<p>Almost everyone has experienced some level of soreness following unaccustomed exercise or activity, but this is not really what this question is designed to identify. Soreness due to unaccustomed activity is not the same as pain in the joint, muscle or bone. Pain is more extreme and may represent an injury, serious inflammatory episode or infection. If it is an acute injury, then it is possible that further medical guidance may be required.</p>

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

CLIENT SIGNATURE _____ **DATE** _____