**ADULT PRE-EXERCISE SCREENING TOOL**

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. No responsibility or liability whatsoever can be accepted by Exercise and Sports Science Australia, Fitness Australia or Sports Medicine Australia for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

Name: _____________________________________________  
Date of Birth: ________________  Male □  Female □  Date: ________________  

**STAGE 1 (COMPULSORY)**

**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 is self administered and self evaluated. 

**Please circle response**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?</td>
<td></td>
<td></td>
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<tr>
<td>2. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?</td>
<td></td>
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<tr>
<td>3. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?</td>
<td></td>
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<tr>
<td>4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?</td>
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</tr>
</tbody>
</table>

**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**

**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**

I believe that to the best of my knowledge, all of the information I have supplied within this tool is correct.  
Signature ___________________________  Date ___________________________
## Exercise Intensity Guidelines

<table>
<thead>
<tr>
<th>Intensity Category</th>
<th>Heart Rate Measures</th>
<th>Perceived Exertion Measures</th>
<th>Descriptive Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedentary</td>
<td>&lt; 40% HRmax</td>
<td>Very, very light RPE&lt;1</td>
<td>Activities that usually involve sitting or lying and that have little additional movement and a low energy requirement</td>
</tr>
<tr>
<td>Light</td>
<td>40% to &lt;55% HRmax</td>
<td>Very light to light RPE 1-2</td>
<td>An aerobic activity that does not cause a noticeable change in breathing rate</td>
</tr>
<tr>
<td>Moderate</td>
<td>55% to &lt;70% HRmax</td>
<td>Moderate to somewhat hard RPE 3-4</td>
<td>An aerobic activity that is able to be conducted whilst maintaining a conversation uninterrupted</td>
</tr>
<tr>
<td>Vigorous</td>
<td>70% to &lt;90% HRmax</td>
<td>Hard RPE 5-6</td>
<td>An aerobic activity in which a conversation generally cannot be maintained uninterrupted</td>
</tr>
<tr>
<td>High</td>
<td>≥ 90% HRmax</td>
<td>Very hard RPE≥7</td>
<td>An intensity that generally cannot be sustained for longer than about 10 minutes</td>
</tr>
</tbody>
</table>

# = Borg’s Rating of Perceived Exertion (RPE) scale, category scale 0-10
### RISK FACTORS

<table>
<thead>
<tr>
<th>Relative</th>
<th>Age</th>
<th>Relative</th>
<th>Age</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td>Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brother</td>
<td></td>
<td>Sister</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son</td>
<td></td>
<td>Daughter</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Age
   - ≥ 45yrs Males or ≥ 55yrs Females +1 risk factor

2. Family history of heart disease (eg: stroke, heart attack)
   - If male < 55yrs = +1 risk factor
   - If female < 65yrs = +1 risk factor
   - Maximum of 1 risk factor for this question

3. 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?

4. Describe your current physical activity/exercise levels:
   - Sedentary
   - Light
   - Moderate
   - Vigorous
   - Frequency (sessions per week)
   - Duration (minutes per week)
   - If physical activity level
     - < 150 min/week = +1 risk factor
     - ≥ 150 min/week = -1 risk factor
     - (vigorous physical activity/ exercise weighted x 2)

5. Please state your height (cm) ______ weight (kg) ______
   - BMI = 
   - BMI ≥ 30 kg/m² = +1 risk factor

6. Have you been told that you have high blood pressure?
   - Yes
   - No
   - If yes, = +1 risk factor

7. Have you been told that you have high cholesterol?
   - Yes
   - No
   - If yes, = +1 risk factor

8. Have you been told that you have high blood sugar?
   - Yes
   - No
   - If yes, = +1 risk factor

Note: Refer over page for risk stratification.

**STAGE 2 Total Risk Factors =**
1. **BMI (kg/m²)**
   - BMI ≥ 30 kg/m² = +1 risk factor

2. **Waist girth (cm)**
   - Waist > 94 cm for men and > 80 cm for women = +1 risk factor

3. **Resting BP (mmHg)**
   - SBP ≥ 140 mmHg or DBP ≥ 90 mmHg = +1 risk factor

4. **Fasting lipid profile***
   - Total cholesterol
   - HDL cholesterol
   - Triglycerides
   - LDL cholesterol
   - Total cholesterol ≥ 5.20 mmol/L = +1 risk factor
   - HDL cholesterol > 1.55 mmol/L = -1 risk factor
   - HDL cholesterol < 1.00 mmol/L = +1 risk factor
   - Triglycerides ≥ 1.70 mmol/L = +1 risk factor
   - LDL cholesterol ≥ 3.40 mmol/L = +1 risk factor

5. **Fasting blood glucose**
   - Fasting glucose ≥ 5.50 mmol = -1 risk factor

### STAGE 3 (OPTIONAL)

**AIM:** To obtain pre-exercise baseline measurements of other recognised cardiovascular and metabolic risk factors. This stage is to be administered by a qualified exercise professional. (Measures 1, 2 & 3 – minimum qualification, Certificate III in Fitness; Measures 4 and 5 minimum level, Exercise Physiologist*).

<table>
<thead>
<tr>
<th>RESULTS</th>
<th>RISK FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI ≥ 30 kg/m² = +1 risk factor</td>
<td></td>
</tr>
<tr>
<td>Waist &gt; 94 cm for men and &gt; 80 cm for women = +1 risk factor</td>
<td></td>
</tr>
<tr>
<td>SBP ≥140 mmHg or DBP ≥90 mmHg = +1 risk factor</td>
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<td>Total cholesterol ≥ 5.20 mmol/L = +1 risk factor</td>
<td></td>
</tr>
<tr>
<td>HDL cholesterol &gt; 1.55 mmol/L = -1 risk factor</td>
<td></td>
</tr>
<tr>
<td>HDL cholesterol &lt; 1.00 mmol/L = +1 risk factor</td>
<td></td>
</tr>
<tr>
<td>Triglycerides ≥ 1.70 mmol/L = +1 risk factor</td>
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</tr>
<tr>
<td>Fasting glucose ≥ 5.50 mmol = +1 risk factor</td>
<td></td>
</tr>
</tbody>
</table>

### RISK STRATIFICATION

- **≥ 2 RISK FACTORS – MODERATE RISK CLIENTS**
  - Individuals at moderate risk may participate in aerobic physical activity/exercise at a light or moderate intensity (Refer to the exercise intensity table on page 2)

- **< 2 RISK FACTORS – LOW RISK CLIENTS**
  - Individuals at low risk may participate in aerobic physical activity/exercise up to a vigorous or high intensity (Refer to the exercise intensity table on page 2)

**Note:** If stage 3 is completed, identified risk factors from stage 2 (Q1-4) and stage 3 should be combined to indicate risk. If there are extreme or multiple risk factors, the exercise professional should use professional judgement to decide whether further medical advice is required.