

Name:	Date of Birth:	Age:
Address:		
City, State, Zip:		
Home Phone:	Work Phone:	
Employer	Occupation:	

PLEASE CHECK THE BOX FOR THE APPROPRIATE ANSWER		
Has your doctor ever said you have heart trouble?	YES	NO
Have you ever had angina pectoris, sharp pain, or heavy pressure in your chest as a result of exercise, walking, or other physical activity such as climbing stairs? (Note: This does not include the normal out of breath feeling that results from normal activity)	YES	NO
Do you experience any sharp pain or extreme tightness in your chest when you are hit with a cold blast of air?	YES	NO
Have you ever experienced rapid heart action or palpitations? Have you ever had a real or suspected heart attack, coronary occlusion, myocardial infarction, coronary insufficiency, or thrombosis?	YES	NO
Have you ever had rheumatic fever? Do you have diabetes, hypertension, or high blood pressure? Does anyone in your family have diabetes, hypertension, or high blood pressure? Has more than one blood relative (parent, sibling, first cousin) had a heart attack or coronary artery disease before the age of 60?	YES	NO
Have you ever taken medications or been on a special diet to lower your cholesterol? Have you ever taken digitalis, quinine, or any other drug for your heart? Have you ever taken nitroglycerine or any other tablets for chest pain—tablets you take by placing under the tongue?	YES	NO
Are you overweight? Are you under a lot of stress? Do you drink excessively? Do you smoke cigarettes? Do you have a physical condition, impairment or disability, including a joint or muscle problem, that should be considered before you undertake an exercise program?	YES	NO
Are you more than 65 years old? Are you more than 35 years old? Do you exercise fewer than three times per week?	YES	NO