

# ADULT PRE-EXERCISE SCREENING TOOL

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Name: Matilda Robson

Date of Birth: 1/1/19XX

Male ☐

Female ☒

Date: 14/11/20XX

## 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

1.	Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	Yes	No <input checked="" type="checkbox"/>
2.	Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	Yes	No <input checked="" type="checkbox"/>
3.	Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	Yes	No <input checked="" type="checkbox"/>
4.	Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	Yes	No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
7.	Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	Yes	No <input checked="" type="checkbox"/>

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

*M. Robson*

Date

14/11/20XX

## EXERCISE INTENSITY GUIDELINES

INTENSITY CATEGORY	HEART RATE MEASURES	PERCEIVED EXERTION MEASURES	DESCRIPTIVE MEASURES
SEDENTARY	< 40% HRmax	Very, very light RPE# < 1	<ul style="list-style-type: none"> <li>Activities that usually involve sitting or lying and that have little additional movement and a low energy requirement</li> </ul>
LIGHT	40 to <55% HRmax	Very light to light RPE# 1-2	<ul style="list-style-type: none"> <li>An aerobic activity that does not cause a noticeable change in breathing rate</li> <li>An intensity that can be sustained for at least 60 minutes</li> </ul>
MODERATE	55 to <70% HRmax	Moderate to somewhat hard RPE# 3-4	<ul style="list-style-type: none"> <li>An aerobic activity that is able to be conducted whilst maintaining a conversation uninterrupted</li> <li>An intensity that may last between 30 and 60 minutes</li> </ul>
VIGOROUS	70 to <90% HRmax	Hard RPE# 5-6	<ul style="list-style-type: none"> <li>An aerobic activity in which a conversation generally cannot be maintained uninterrupted</li> <li>An intensity that may last up to about 30 minutes</li> </ul>
HIGH	≥ 90% HRmax	Very hard RPE# ≥ 7	<ul style="list-style-type: none"> <li>An intensity that generally cannot be sustained for longer than about 10 minutes</li> </ul>

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

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## STAGE 2 (OPTIONAL)

Name: Matilda Robson

Date of Birth: 1/1/19XX

Date: 14/11/20XX

AIM: To identify those individuals with risk factors or other conditions to assist with appropriate exercise prescription.  
This stage is to be administered by a qualified exercise professional.

				RISK FACTORS	
1.	Age	<u>60</u>		≥ 45yrs Males or ≥ 55yrs Females +1 risk factor	1
	Gender	<u>Female</u>			
2.	Family history of heart disease (eg: stroke, heart attack) Relative Age Relative Age <input type="checkbox"/> Father <u>      </u> <input type="checkbox"/> Mother <u>      </u> <input type="checkbox"/> Brother <u>      </u> <input type="checkbox"/> Sister <u>      </u> <input type="checkbox"/> Son <u>      </u> <input type="checkbox"/> Daughter <u>      </u>			If male < 55yrs = +1 risk factor If female < 65yrs = +1 risk factor Maximum of 1 risk factor for this question	0
3.	Do you smoke cigarettes on a daily or weekly basis or have you quit smoking in the last 6 months? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If currently smoking, how many per day or week? <u>      </u>			If yes, (smoke regularly or given up within the past 6 months) = +1 risk factor	
4.	Describe your current physical activity/exercise levels: Sedentary <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Vigorous <input type="checkbox"/> Frequency sessions per week: <u>      </u> <u>3</u> <u>      </u> Duration minutes per week: <u>      </u> <u>110</u> <u>      </u>			If physical activity level < 150 min/ week = +1 risk factor If physical activity level ≥ 150 min/ week = -1 risk factor (vigorous physical activity/ exercise weighted x 2)	1
5.	Please state your height (cm) <u>176</u> weight (kg) <u>66</u>			BMI = <u>21.3</u> BMI ≥ 30 kg/m <sup>2</sup> = +1 risk factor	
6.	Have you been told that you have high blood pressure? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			If yes, = +1 risk factor	0
7.	Have you been told that you have high cholesterol? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			If yes, = +1 risk factor	
8.	Have you been told that you have high blood sugar? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			If yes, = +1 risk factor	0
Note: Refer over page for risk stratification.                     STAGE 2 Total Risk Factors = <u>2</u>					

9. Have you spent time in hospital (including day admission) for any medical condition/illness/injury during the last 12 months?  
Yes ☐ No ☒

If yes, provide details

10. Are you currently taking a prescribed medication(s) for any medical condition(s)? Yes ☐ No ☒

If yes, what is the medical condition(s)?

11. Are you pregnant or have you given birth within the last 12 months? Yes ☐ No ☒

If yes, provide details. I am \_\_\_\_\_ months pregnant or postnatal (circle).

12. Do you have any muscle, bone or joint pain or soreness that is made worse by particular types of activity? Yes ☐ No ☒

If yes, provide details

## 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\*).

	RESULTS	RISK FACTORS
1. BMI (kg/m <sup>2</sup> )		BMI $\geq 30$ kg/m <sup>2</sup> = +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 $\geq 140$ mmHg or DBP $\geq 90$ mmHg = +1 risk factor
4. Fasting lipid profile*		Total cholesterol $\geq 5.20$ mmol/L = +1 risk factor HDL cholesterol > 1.55 mmol/L = -1 risk factor HDL cholesterol < 1.00 mmol/L = +1 risk factor Triglycerides $\geq 1.70$ mmol/L = +1 risk factor LDL cholesterol $\geq 3.40$ mmol/L = +1 risk factor
5 Fasting blood glucose*		Fasting glucose $\geq 5.50$ mmol = +1 risk factor
		STAGE 3 Total Risk Factors = <input type="text"/>

## RISK STRATIFICATION

Total stage 2  
or  
Total stage 3  
Plus stage 2 (Q1 - Q4)



2

### $\geq 2$ 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.