

**Adelphi University's Healthy Steps to an Active Lifestyle  
Pre-Participation Health Screening\* (Required for CRS Memberships)**

This is for **YOU** to complete to the best of your ability.

Assess your health by marking all *true* statements.

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*History*

You have had:

- a heart attack
- heart surgery
- cardiac catheterization
- coronary angioplasty (PTCA)
- pacemaker/implantable cardiac defibrillator/rhythm disturbance
- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease

*Symptoms*

- You experience chest discomfort when exertion
- You experience unreasonable breathlessness
- You experience dizziness, fainting, or blackouts
- You take heart medications

*Other Health Issues*

- You have diabetes
  - You have asthma or other lung disease
  - You have burning or cramping sensation in your lower legs when walking short distances
  - You have musculoskeletal problems that limit your physical activity
  - You have concerns about the safety of exercise
  - You take prescription medications
  - You are pregnant
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*Cardiovascular risk factors*

- You are a man older than 45 years
  - You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal
  - You smoke, or quit smoking within the previous 6 months
  - Your blood pressure is >140/90 mm Hg
  - You do not know your blood pressure
  - You take blood pressure medication
  - Your blood cholesterol level is >200 mg/dL
  - You do not know your cholesterol level
  - You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)
  - You are physically inactive (i.e. you get <30 minutes of physical activity on at least 3 days per week)
  - You are >20 pounds overweight
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None of the above

\*Based on the answers you provide on this screening, you may be required to meet with a qualified "Healthy Steps" exercise counselor prior to participation.

**\*IMPORTANT – OVER – IMPORTANT\***