

It is strongly recommended that you consult with your physician before beginning an exercise program. Review the following questions, and the guidelines below will help you to know if you are at higher risk and should seek physicians approval:

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| 1. Has your doctor ever said that you have a condition and that you should only do physical activity recommended by a doctor? | Yes | No |
| 2. Have you ever had a stroke or a heart attack? | Yes | No |
| 3. Do you feel pain in your chest when you do physical activity? | Yes | No |
| 4. In the past month, have you had chest pain when you were not doing physical activity? | Yes | No |
| 5. Do you ever lose your balance, feel faint, have dizzy spells, or lose consciousness? | Yes | No |
| 6. Do you have a bone or joint problem that could be made worse by a change in your physical activity? | Yes | No |
| 7. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? | Yes | No |
| 8. Have you had surgery in the last six months? | Yes | No |
| 9. Do you have diabetes, asthma, or epilepsy? | Yes | No |
| 10. Are you over the age of 69? | Yes | No |
| 11. If female, are you pregnant? | Yes | No |
| 12. Do you know of any other reason why you should not do physical activity? | Yes | No |

If you answered yes to any of the above questions you should seek a doctor's approval prior to beginning your exercise program.

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| 1. Are you over the age of 55 if female, or over the age of 45 if male? | Yes | No |
| 2. Has your doctor ever told you that you have high blood pressure? | Yes | No |
| 3. Do you have high cholesterol (total > 200 mg/DL)? | Yes | No |
| 4. Do you have a family history of heart disease? | Yes | No |
| 5. Are you currently a smoker or have recently quit in the last 6 months? | Yes | No |
| 6. Do you currently lead a sedentary lifestyle? | Yes | No |

If you answered yes to two or more of the above questions you should seek a doctor's approval prior to beginning to exercise.