

SCREENING QUESTIONNAIRE

Name: _____

Date: _____

Even though *Steps to Healthier Aging: Eat Better & Move More* Program is not overly strenuous, some individuals should be evaluated by a health professional to see if medical permission is necessary. The following screening questionnaire may help indicate if an individual needs a doctor's permission before starting the program. If you answer Yes to one or more of these questions you may want to consult with your doctor or health care professional before starting *Eat Better & Move More*.

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| 1. Has your doctor ever said you have a heart condition and you should only do physical activity recommended by your doctor? | Yes | No |
| 2. Do you feel pain in your chest when you do physical activity? | Yes | No |
| 3. In the past month, have you had chest pain when you were <u>not</u> doing physical activity? | Yes | No |
| 4. Do you lose your balance because of dizziness or do you ever lose consciousness? | Yes | No |
| 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? | Yes | No |
| 6. Is your doctor currently prescribing drugs for your blood pressure or heart condition? | Yes | No |
| 7. Do you have diabetes? | Yes | No |
| 8. Do you have ulcerated wounds or cuts on your feet that don't seem to heal? | Yes | No |
| 9. Do you get pain in your buttocks or the back of your legs (thigh or calves) when you walk? | Yes | No |
| 10. Have you lost 10 pounds or more in the past 6 months without trying? | Yes | No |
| 11. Do you know of any other reason you should not do physical activity? | Yes | No |