FITNESS & WELLNESS

Health Status

History You have had:			
	A heart attack Heart surgery Cardiac catheterization Coronary angioplasty Pacemaker Heart valve disease Heart failure Heart transplantation congenital heart disease	If you marked any of these statements in this section, consult your physician or other appropriate health care provider before engaging in exercise. You may need to use a facility with a medically qualified staff.	
Sy	ymptoms		
	You experience chest discomfort with exertion You experience unreasonable breathlessness You experience dizziness, fainting, or blackouts You take heart medications		
0	Other health issues		
	You have diabetes You have asthma or 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 take prescription medications You are pregnant		
Ca	ardiovascular risk factors		
	You are a man older than 45 You are a woman older than 55, have had a hysterectomy, or are postmenopausal You smoke, or quit smoking within previous 6 months Your blood pressure is >140/90 mmHg or you do not know your blood pressure You take blood pressure medication You blood cholesterol level is >200 mg/dL or you do not know your cholesterol level You have had a close blood relative who had a heart attack before 55(father or brother) or 65(mother or sister) You are physically inactive (i.e., you get <30 mins of physical activity on at least 3 days per week) You are >20 lbs overweight None of the above		
	If you marke	ed two or more of the statements in this section, you should	

If you marked two or more of the statements in this section, you should consult you physician or other appropriate health care provider before engaging in exercise.