Assess your health by marking all true statements.

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

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

[ ] 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.