



NOVA Medical Exercise Physical Activity Readiness Questionnaire

Criteria	Yes	No
1. Has your doctor ever said you have a heart condition and that you should only do physical activity as recommended by a doctor?		
2. Do you feel pain in your chest when you do physical activity?		
3. In the past month, have you had chest pain when you were not doing physical activity?		
4. Do you lose your balance because of dizziness or do you ever lose consciousness?		
5. Do you have bone or joint problems that could be made worse by a change in your physical activity (such as back, hip, knee)?		
6. Is your doctor currently prescribing drugs for your blood pressure or heart condition?		
7. Are you pregnant?		
8. Do you have insulin dependent diabetes?		
9. Are you over 65 and not use to physical activity?		
10. Do you know of any other reason why you should not do physical activity?		

- If you answered YES to any question, we will need a medical clearance from your physician.
- We strongly encourage everyone, regardless of the outcome of this questionnaire to consult with a qualified medical professional prior to beginning an exercise program.
- NOVA Medical Exercise and its affiliates assume no responsibility for persons who undertake physical activity.
- If in doubt after completing this questionnaire consult your doctor prior to performing any physical activity.

Name _____

Date _____

Signature _____

Witness _____

Cardiovascular Disease Risk Factor Threshold

Positive Risk Factor	Criteria	Points
Age	Males -45 or older; Females 55 or older	+1
Family History	Heart attack, coronary revascularization, or sudden death. First degree relative: Male prior to 55 or female prior to 65 years of age	+1
Cigarette Smoking	Within last 6 months, or subjected to second hand smoke	+1
Sedentary Lifestyle	NOT participating in 30 minutes of moderate-intensity activity 3 days/week for the last three months	+1
Obesity	BMI 30 or higher. Waist circumference greater than 40" for males or 35" for females. Waist more than half of height.	+1
Hypertension	BP greater than 139/89, or currently on antihypertension medication.	+1
Dyslipidemia (Cholesterol)	LDL greater than 129, HDL less than 40, total greater than 200, or currently on medication	+1
Pre-Diabetes/Diabetes	Fasting glucose greater than 99	+1
Negative Risk Factor	Criteria	Points
High Serum HDL	HDL greater than 60	-1
	Total	

Risk Classification (circle the appropriate classification)

