

Date: ___ / ___ 201__

ID _____

Recipient _____

Please mark a cross (X) before the statements that apply to you.

My age is _____ years

I have (had):

- Coronary artery disease
- Heart attack
- Balloon angioplasty of the coronary artery
- Artificial cardiac pacemaker / implantable cardiac defibrillator
- Heart rhythm disturbance
- Heart valve disease
- Heart failure
- Congenital heart disease
- Heart surgery
- Heart catheterisation

Symptoms

- I experience chest pain during physical activity or other physical effort
- Sometimes I experience unreasonable breathlessness
- I have experienced dizziness, fainting or blackouts
- I take heart medication

Other health issues

- I have diabetes
- I have asthma or another lung disease
- I have burning or cramp-like sensations in my lower limbs (thighs or legs) when I walk short distances
- I have musculoskeletal problems that restrict my physical activity
- I am concerned about the safety of my workouts
- I am on prescription medication
- I am pregnant

Cardiovascular disease risk factors

- I smoke or have given up smoking during the past six months
- My systolic blood pressure is ≥ 140 mmHg and/or my diastolic blood pressure ≥ 90 mmHg
- I do not know what my blood pressure is
- I am on blood pressure medication
- My total cholesterol level is > 5.2 mmol/l
- I do not know what my total cholesterol level is
- A close relative of mine has had a heart attack or undergone heart surgery before the age of 55 (father or brother) or 60 (mother or sister)
- I am physically inactive (i.e. physically active less than 30 minutes on at least three days a week)
- My body mass index is over 30 kg/m^2
- None of the above statements applies to me

I have local anaesthetic allergy; hemorrhagic disease; medication that reduces blood clotting I am currently menstruating; day _____ of my period**Please turn over**



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	Yes	No
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I have had cancer; diagnosed _____ (year)	_____	_____
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- The cancer was found to be cured over a year ago	_____	_____
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- I have received cancer treatments, such as cytostatic or radiation therapy, during the past year	_____	_____
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