

## Appendices

### Appendix A - Sample Physical Activity Risk Stratification form

Name \_\_\_\_\_ Date \_\_\_\_\_

Name of physician \_\_\_\_\_ Number \_\_\_\_\_

Based on the information below does the client need to obtain a medical clearance prior to exercise? YES NO

Do you participate in regular exercise (structured physical activity for at least 30 minutes 3x/week for the last 3 months)	Yes	No	Unknown
If yes at what level:			
<ul style="list-style-type: none"> <li>Light – Slight increase in HR and breathing (30-40HRR; 2-3 METS; RPE 9-11)</li> </ul>			
<ul style="list-style-type: none"> <li>Moderate – Noticeable increase in HR and breathing (40-60 HRR; 3-6 METS; RPE 12-13)</li> </ul>			
<ul style="list-style-type: none"> <li>Vigorous – Substantial increase in HR and breathing (60-90 HRR; 6-8 METS; RPE 14-17)</li> </ul>			
Do you have cardiovascular disease including, but not limited to coronary heart disease, hypertension, arrhythmia, or peripheral artery disease?			
Do you currently have, or have you ever had a heart attack (myocardial infarction), stroke, congestive heart failure, or congenital heart disease?			
Do you have any type of diabetes?			
Do you have any of the following? (Three or more indicate metabolic syndrome, and an increased risk for metabolic or cardiovascular disease)			
<ul style="list-style-type: none"> <li>Abdominal obesity as indicated by a waist circumference of <math>\geq 40</math>" for men or <math>\geq 35</math>" for women</li> </ul>			
<ul style="list-style-type: none"> <li>Triglyceride levels of <math>\geq 150</math> mg/dl</li> </ul>			
<ul style="list-style-type: none"> <li>HDL levels of <math>&lt; 40</math> mg/dl for men and <math>&lt; 50</math> mg/dl for women</li> </ul>			
<ul style="list-style-type: none"> <li>Blood pressure <math>\geq 130/85</math> mm/Hg</li> </ul>			
<ul style="list-style-type: none"> <li>Fasting glucose level of <math>\geq 100</math> mg/dl</li> </ul>			
At rest, or during activity do you, or have you in the past 12 months, experienced any of the following:			
<ul style="list-style-type: none"> <li>Pain or discomfort in the chest, neck, jaw, arms, or other areas that may result from ischemia</li> </ul>			
<ul style="list-style-type: none"> <li>Shortness of breath at rest or during mild exertion, or orthopnea or paroxysmal nocturnal dyspnea</li> </ul>			
<ul style="list-style-type: none"> <li>Dizziness or syncope</li> </ul>			
<ul style="list-style-type: none"> <li>Ankle edema</li> </ul>			
<ul style="list-style-type: none"> <li>Palpitations or tachycardia, or a racing, pounding, or fluttering heart</li> </ul>			
<ul style="list-style-type: none"> <li>Intermittent claudication or leg pain</li> </ul>			
<ul style="list-style-type: none"> <li>Heart murmur</li> </ul>			
<ul style="list-style-type: none"> <li>Unusual fatigue or shortness of breath while performing usual activity</li> </ul>			
Has your doctor ever said that you should only do medically supervised physical activity?			
Have you had a physical in the last 12 months?			

Use the answers from the questionnaire, and follow the chart below to determine the need for a medical clearance to begin exercise, and at what intensity.

