

## SYMPTOMS QUESTIONNAIRE

Do you ever experience any of the following signs or symptoms?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Pain, discomfort in the chest, neck, jaw, arms, or other areas
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath at rest or with mild exertion
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or syncope (fainting)
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty breathing while lying down, or sudden awakening at night with difficulty breathing and/or anxiety
<input type="checkbox"/>	<input type="checkbox"/>	Swelling of the ankles
<input type="checkbox"/>	<input type="checkbox"/>	Heart arrhythmia of any kind (e.g., skipped or accelerated beats)
<input type="checkbox"/>	<input type="checkbox"/>	Heart palpitations (unusually strong or rapid beats) or tachycardia (bouts of accelerated heart rate)
<input type="checkbox"/>	<input type="checkbox"/>	Intermittent pain in any extremities (claudication)
<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur
<input type="checkbox"/>	<input type="checkbox"/>	Unusual fatigue or shortness of breath with usual activities
<input type="checkbox"/>	<input type="checkbox"/>	Asthma or other pulmonary diseases
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or other metabolic diseases

**A “yes” answer to any question on this questionnaire requires clarification with your physician before you begin any exercise program.**

Adapted from the Guidelines of the American College of Sports Medicine, ACSM, *ACSM's Guidelines for Exercise Testing and Prescription*, sixth edition (New York: Lippincot Williams & Wilkins, 2000), Box 2.1, p. 25, copyright © 2000 by the ACSM, adapted with permission. Copyright © 2005, The Miracle Workout, LLC.