

Risk Assessment Questionnaire		
SSN: <input type="text"/>	Member Name: <input type="text"/>	Risk Assessment Date: <input type="text"/>
Coronary Artery Disease Risk Factors		
Are you a male greater than 40 years old or a female greater than 50 years old and do not participate in a consistent aerobic exercise activity three to five times weekly?	<input type="radio"/> Yes <input type="radio"/> No	
Has your mother or sister died without any explanation (sudden death) or suffered from a heart attack before the age of 55	<input type="radio"/> Yes <input type="radio"/> No	
Has your father or brother died without any explanation (sudden death) or suffered from a heart attack before the age of 45?	<input type="radio"/> Yes <input type="radio"/> No	
Are you a current tobacco user?	<input type="radio"/> Yes <input type="radio"/> No	
Do you have high blood pressure or are you on blood pressure medication?	<input type="radio"/> Yes <input type="radio"/> No	
Has a doctor ever told you that you have high cholesterol or are you on cholesterol medication?	<input type="radio"/> Yes <input type="radio"/> No	
Do you have diabetes?	<input type="radio"/> Yes <input type="radio"/> No	
Are you sedentary (don't exercise at least three to five times per week for at least 30 minutes)?	<input type="radio"/> Yes <input type="radio"/> No	
Do you have any personal history of metabolic disease (thyroid, renal, liver)?	<input type="radio"/> Yes <input type="radio"/> No	
Have you ever passed out during exercise?	<input type="radio"/> Yes <input type="radio"/> No	
Have you ever been told you have a heart murmur?	<input type="radio"/> Yes <input type="radio"/> No	
Have you ever been dizzy or lightheaded during or after exercise?	<input type="radio"/> Yes <input type="radio"/> No	
Do you have known cardiac (heart) disease?	<input type="radio"/> Yes <input type="radio"/> No	
Has a health care provider ever denied or restricted your participation in sports?	<input type="radio"/> Yes <input type="radio"/> No	
Do you tire more quickly than your friends do during exercise?	<input type="radio"/> Yes <input type="radio"/> No	
Signs & Symptoms		
Do you feel pain in your chest, neck, jaw, or arms when doing physical activity?	<input type="radio"/> Yes <input type="radio"/> No	
Do you experience any shortness of breath with moderate continuous exercise?	<input type="radio"/> Yes <input type="radio"/> No	
In the last month, have you felt chest pain at rest?	<input type="radio"/> Yes <input type="radio"/> No	
Have you had a severe viral infection such as myocarditis or mononucleosis within the past month?	<input type="radio"/> Yes <input type="radio"/> No	
Have you experienced episodes of rapid beating or fluttering of the heart?	<input type="radio"/> Yes <input type="radio"/> No	
Have you unintentionally lost or gained more than 10 percent of your body weight since the last PFA?	<input type="radio"/> Yes <input type="radio"/> No	
Do you suffer from lower leg swelling of both legs?	<input type="radio"/> Yes <input type="radio"/> No	
Do you have difficulty breathing or have sudden breathing problems at night?	<input type="radio"/> Yes <input type="radio"/> No	
Do you have a bone, joint, or muscle problem that may prevent you from doing physical activity of any kind?	<input type="radio"/> Yes <input type="radio"/> No	
Signature: <input type="text"/>	Date: <input type="text"/>	