	a heart attack
	heart surgery
	_cardiac catheterization
	_coronary angioplasty (PTCA)
	_pacemaker/implantable cardiac
	defibrillator/rhythm disturbance
	heart valve disease
	heart failure
	heart transplantation
	congenital heart disease
Sy pto	
	You experience chest discomfort when exertion
	You experience unreasonable breathlessness
	You experience dizziness, fainting, or blackouts
	You take heart medications
	_1 ou take heart medications
Other He th ssues	
	_You have diabetes
	_You have asthma or other lung disease
	_You have burning or cramping sensation in your lower legs when walking short distances
	You have musculoskeletal problems that limit your physical activity
	_You have concerns about the safety of exercise
	_You take prescription medications
	_You are pregnant
-	
C rdio	scu r ris_f ctors
	You are a man older than 45 years
	You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal
	_You smoke, or quit smoking within the previous 6 months
	_Your blood pressure is >140/90 mm Hg
	_You do not know your blood pressure
	_You take blood pressure medication
	_ Your blood cholesterol level is >200 mg/dL
	You do not know your cholesterol level
	You have a close blood relative who had a heart attack or heart surgery before age
	55 (father or brother) or age
	65 (mother or sister)
-	_You are physically inactive (i.e. you get <30 minutes of physical activity on at least 3 days per
	week)
	_You are >20 pounds overweight
	_None of the above
	-

*Based on the answers you provide on this screening, you may be required to meet with a qualified "Healthy Steps" exercise counselor prior to participation.

You have had: