

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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