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 \( \geq 140 \) mmHg and/or my diastolic blood pressure \( \geq 90 \) 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
Date: ___/___ 201___

ID ______

Recipient ______________

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>I have had cancer; diagnosed _____ (year)</td>
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<td>- The cancer was found to be cured over a year ago</td>
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<td>- I have received cancer treatments, such as cytostatic or radiation therapy, during the past year</td>
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