

A comparison of the Questions for the Five Prescreening Medical Questionnaires

	AHA	Previous AHA/ACSM	Revised 2015 ACSM	PAR-Q+	EACPR and ESC
AHA					
Personal History	X				
Chest pain/discomfort/tightness/pressure related to exertion	X	X chest discomfort	X Pain, discomfort in the chest, neck, jaw, arms, or other areas that may result from ischemia	X Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity	X Chest pain that has been diagnosed as “angina”, Chest pain when sitting, Chest pain when performing exercise, Chest pain when you are emotionally stressed, Pain (or discomfort) in the neck, jaw, arms at rest or during exercise
Unexplained syncope/near syncope	X		X	X Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?	
Excessive and unexplained dyspnea/fatigue or palpitations, associated with exercise	X	X	X Palpations, tachycardia, unusual fatigue, shortness with breath during activity or usual activities		X Shortness of breath when sitting or lying down, Shortness of breath with mild exercise, Waking up with shortness of breath at night, Palpitations with no dizziness, Palpitations that make you dizzy
Prior recognition of a heart murmur	X		X		X
Elevated systemic blood pressure	X	X $\geq 140/90$ mm/Hg		X Has your Dr said that you have high	X Do you have high blood pressure

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				blood pressure/ have resting blood pressure of >160/90 mm/Hg	
Prior restriction from sports	X				X After seeing your medical practitioner please indicate which of the following applied? E.g. did not get medical clearance to run
Prior testing for heart disease, ordered by a physician	X				X Have you consulted with a medical doctor in the last 12 months to obtain medical clearance that you can safely participate in endurance running?
Family History	X				
Premature death (sudden and unexpected or otherwise) before 50 yrs of age attributable to heart disease in ≥ 1 relative	X	X 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)			X
Disability from heart disease in a close relative <50 yrs of age	X	X 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)			X
Hypertrophic or dilated cardiomyopathy, long QT syndrome or other ion	X	X heart attack, heart surgery,	X CVD, cardiac disease, peripheral	X Do you have a Heart or	X Have you ever suffered from any

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channelopathies, Marfan syndrome, or clinically significant arrhythmias; specific knowledge of genetic cardiac condition in family member		cardiac catheterization, coronary angioplasty (PTCA), pacemaker/implantable cardiac defibrillator, rhythm disturbance, heart valve disease, heart failure, heart transplantation, congenital heart disease	vascular disease, cerebrovascular disease	Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed abnormality of Heart Rhythm	heart or blood vessel conditions, including heart attack, undiagnosed chest pain, coronary artery bypass operation, angioplasty (balloon), heart failure, heart transplant, cardiac arrhythmia (abnormal heart beat), rheumatic fever, heart murmur, cardiomyopathy, myocarditis, use of a pacemaker or inherited heart defect?
Physical Examination	X				
Heart murmur	X				
Femoral pulses to exclude aortic coarctation	X				
Physical stigmata of Marfan syndrome	X				
Brachial artery blood pressure (sitting position)	X				
Previous AHA/ACSM					
History	Hypertrophic or dilated cardiomyopathy, long QT syndrome or other ion channelopathies, Marfan syndrome, or clinically significant arrhythmias; specific knowledge of genetic cardiac condition in family member	X	X CVD, Cardiac disease, peripheral vascular disease, cerebrovascular disease, type 1 and 2 diabetes mellitus, renal disease	X Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed abnormality of Heart Rhythm	X

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a heart attack	See in history how heart disease was asked	X	See in history how heart disease was asked	See in history how heart disease was asked	X
heart surgery	See in history how heart disease was asked	X	See in history how heart disease was asked	See in history how heart disease was asked	
cardiac catheterization	See in history how heart disease was asked	X	See in history how heart disease was asked	See in history how heart disease was asked	
coronary angioplasty (PTCA)	See in history how heart disease was asked	X	See in history how heart disease was asked	See in history how heart disease was asked	X with or without stent
pacemaker/implantable cardiac defibrillator/rhythm disturbance	See in history how heart disease was asked	X	See in history how heart disease was asked	See in history how heart disease was asked	X Pacemaker/ arrhythmia
heart valve disease	See in history how heart disease was asked	X	See in history how heart disease was asked	See in history how heart disease was asked	
heart failure	See in history how heart disease was asked	X	See in history how heart disease was asked	See in history how heart disease was asked	X
heart transplantation	See in history how heart disease was asked	X	See in history how heart disease was asked	See in history how heart disease was asked	X
congenital heart disease	See in history how heart disease was asked	X	See in history how heart disease was asked	See in history how heart disease was asked	
Symptoms		X			
You experience chest discomfort with exertion	X Chest pain/discomfort/tightness/pressure related to exertion	X	X Pain, discomfort in the chest, neck, jaw, arms, or other areas that may result from ischemia	X Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity	X Chest pain when sitting Chest pain when performing exercise Chest pain when you are emotionally stressed
You experience unreasonable breathlessness	X Excessive and unexplained dyspnea/	X	X Shortness of breath at rest or with mild exertion	X If asthmatic, do you currently have symptoms of chest	X Shortness of breath when sitting or lying down

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	fatigue or palpitations, associated with exercise			tightness, wheezing, labored breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week	Shortness of breath with mild exercise Waking up with shortness of breath at night
You experience dizziness, fainting, or blackouts		X	X Dizziness or syncope	X Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?	X Dizziness during exercise, Fainting spells
You experience ankle swelling		X	X		X
You experience unpleasant awareness of a forceful or rapid heart rate	X Excessive and unexplained dyspnea/ fatigue or palpitations, associated with exercise	X	X Palpitations or tachycardia		X Palpitations with no dizziness, Palpitations that make you dizzy
You take heart medications		X		X Do you have difficulty controlling your condition relative to medication taken for it	X At the moment, do you use any prescribed medication on a daily, weekly or monthly basis to treat chronic (long-term) medical conditions or injuries? (SPECIFY)
Other health issues		X			
You have diabetes		X	X Type 1 or type 2 diabetes mellitus	X Type 1, type 2, prediabetes	X
You have asthma or other lung disease		X	X Shortness of breath	X Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease,	X Do you suffer from any respiratory (lung) disease including asthma, emphysema (COPD), wheezing,

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				Asthma, Pulmonary High Blood Pressure	cough, postnasal drip, hay fever, or repeated flu like illness?
You have burning or cramping sensation in your lower legs when walking short distance		X	X Intermittent claudication		X Painful calves when walking
You have musculoskeletal problems that limit your physical activity		X		X Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active?(Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active). Do you have Arthritis, Osteoporosis, or Back Problems?	X Do you or did you suffer from any symptoms of a running injury (muscles, tendons, bones, ligaments or joints) IN YOUR RUNNING CAREER? (NB: Only if an injury is/was severe enough to interfere with running, or require treatment e.g. use medication, or require you to seek medical advice from a health professional)
You have concerns about the safety of exercise		X			
You take prescription medications		X		X Do you have difficulty controlling your condition relative to medication taken for it	X At the moment, do you use any prescribed medication on a daily, weekly or monthly basis to treat chronic (long-term) medical conditions or injuries? (SPECIFY)

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You are pregnant		X		*Only asks about pregnancy related diabetes	
Cardiovascular risk factors	Not as a section	X	Not as a section	Not as a section	Not as a section
You are a woman 55 yr		X			
You are a man 45 yr		X			
You smoke or quit smoking within the previous 6 mo		X			
Your blood pressure is $\geq 140/90$ mm Hg		X			
You do not know your blood pressure		X			
You take blood pressure medication		X			
Your blood cholesterol level is ≥ 200 mg/dL		X			
You do not know your cholesterol level		X			
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)	X Premature death (sudden and unexpected or otherwise) before 50 yrs of age attributable to heart disease in ≥ 1 relative, Disability from heart disease in a close relative < 50 yrs of age	X			
You are physically inactive (i.e., you get 30 min of physical activity on at least 3 d per week)		X	X		
You have prediabetes		X			X
You have a body mass index ≥ 30 kg/m ²		X			X You have obesity (overweight)
You do not know if you have prediabetes		X			
Revised 2015 ACSM					
Participants of regular exercise			X		X General running and training information

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Yes - Exercise participation, performing planned, structured physical activity at least 30 min at moderate intensity on at least 3 days a week for at least the last 3 months			X		
No		X You are physically inactive (i.e., you get 30 min of physical activity on at least 3 d per week)	X		
Presence of signs or symptoms and/or known cardiovascular, metabolic, or renal disease	X Hypertrophic or dilated cardiomyopathy, long QT syndrome or other ion channelopathies, Marfan syndrome, or clinically significant arrhythmias; specific knowledge of genetic cardiac condition in family member	X Heart attack, heart surgery, cardiac catheterization, coronary angioplasty (PTCA), pacemaker/implantable cardiac defibrillator/rhythm disturbance, heart valvedisease, heart failure, heart transplantation, congenital heart disease	X		X Have you ever suffered from any heart or blood vessel conditions, including heart attack, undiagnosed chest pain, coronary artery bypass operation, angioplasty (balloon), heart failure, heart transplant, cardiac arrhythmia (abnormal heart beat), rheumatic fever, heart murmur, cardiomyopathy, myocarditis, use of a pacemaker or inherited heart defect
CVD	See above	See above	X	X Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed abnormality of Heart Rhythm	See above

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Cardiac disease	See above	See above	X	X See CVD	See above
Peripheral vascular	See above	See above	X		See above
Cerebrovascular disease			X		
Type 1 and 2 diabetes mellitus		X	X	X Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes	X
Renal disease			X	X Do you have any other medical condition	
Presence of signs or symptoms at rest or during activity			X		
Pain, discomfort in the chest, neck, jaw, arms, or other areas that may result from ischemia	X Chest pain/discomfort/tightness/pressure related to exertion	X You experience chest discomfort with exertion	X	X Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity	X Chest pain when sitting, Chest pain when performing exercise, Chest pain when you are emotionally stressed, Pain (or discomfort) in the neck, jaw, arms at rest or during exercise
Shortness of breath at rest or with mild exertion	X Excessive and unexplained dyspnea/fatigue or palpitations, associated with exercise	X You experience unreasonable breathlessness	X	X Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure	X Shortness of breath when sitting or lying down Shortness of breath with mild exercise Waking up with shortness of breath at night
Dizziness or syncope	X Unexplained syncope/near syncope	X You experience dizziness, fainting, or blackouts	X	X Do you lose balance because of dizziness OR have you lost	X Dizziness during exercise

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				consciousness in the last 12 months?	
Orthopnea or paroxysmal nocturnal dyspnea			X		
Ankle edema		X You experience ankle swelling	X		X Swollen ankles
Palpitations or tachycardia	X Excessive and unexplained dyspnea/ fatigue or palpitations, associated with exercise	X You experience unpleasant awareness of a forceful or rapid heart rate	X		X Palpitations with no dizziness, Palpitations that make you dizzy
Intermittent claudication		X You have burning or cramping sensation in your lower legs when walking short distance	X		X Painful calves when walking
Known heart murmur			X		X
Unusual fatigue or shortness of breath with usual activities	X Excessive and unexplained dyspnea/ fatigue or palpitations, associated with exercise		X	X Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure	X Shortness of breath when sitting or lying down Shortness of breath with mild exercise Waking up with shortness of breath at night
Desired exercise intensity			X		
PAR-Q+					
General health questions				X	
Has your doctor ever said that you have a heart condition OR high blood pressure?	X Elevated Systemic blood pressure			X	X Do you have high blood pressure
Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity	X Chest pain/discomfort/tightness/pressure related to exertion	X You experience chest discomfort with exertion	X Pain, discomfort in the chest, neck, jaw, arms, or other areas that may result from ischemia	X	X Chest pain that has been diagnosed as "angina", Chest pain when sitting, Chest pain when performing exercise,

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					Chest pain when you are emotionally stressed
Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?(Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise)		X You experience dizziness, fainting, or blackouts	X Dizziness or syncope	X	X Dizziness during exercise, Fainting spells, Have you ever collapsed (fell down not because of an accident, needing medical attention) during, at the finish or after a race or training session?
Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? please list condition(s) here:		X Other health issues: You have diabetes, You have asthma or other lung disease, You have burning or cramping sensation in your lower legs when walking short distance, You have musculoskeletal problems that limit your physical activity, You have concerns about the safety of exercise, You take prescription medications, You are pregnant	X Metabolic (type 1 and 2 diabetes) or renal disease	X	X Do you currently suffer from any metabolic or hormonal disease including diabetes mellitus, thyroid gland disorders, hypoglycaemia (low blood sugar), hyperglycaemia (high blood sugar), or heat intolerance? Do you suffer from any respiratory (lung) disease including asthma, emphysema (COPD), wheezing, cough, postnasal drip, hay fever, or repeated flu like illness? Do you suffer from any gastrointestinal disease including heartburn, nausea,

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					<p>vomiting, abdominal pain, weight loss or gain (> 5kg), a change in bowel habits, chronic diarrhoea, blood in the stools, or past history of liver or gallbladder disease?</p> <p>Do you suffer from any diseases of the nervous system including past history of stroke or transient ischaemic attack (TIA), frequent headaches, epilepsy, depression, anxiety attacks, muscle weakness, nerve tingling, loss of sensation, or chronic fatigue?</p> <p>Do you suffer from any disease of the kidney or bladder including past history of kidney or bladder disease, blood in the urine, loin pain, kidney stones, frequent urination, or burning during urination?</p> <p>Do you suffer from any disease of the</p>
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					<p>blood or immune system including anaemia, recurrent infections, HIV/AIDS, leukaemia, or are you using any immunosuppressive medication?</p> <p>Do you suffer from any growths or cancer including a past history of cancer?</p>
Are you currently taking prescribed medications for a chronic medical condition: please list condition(s) and medications here:		X You take heart medications		X	X At the moment, do you use any prescribed medication on a daily, weekly or monthly basis to treat chronic (long-term) medical conditions or injuries?
Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle,ligament, or tendon) problem that could be made worse by becoming more physically active?(Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active).PLEASE LIST CONDITION(S) HERE		X You have musculoskeletal problems that limit your physical activity		X	X Do you or did you suffer from any symptoms of a running injury (muscles, tendons, bones, ligaments or joints) IN YOUR RUNNING CAREER?
Has your doctor ever said that you should only do medically supervised physical activity?				X	X Have you consulted with a medical doctor in the last 12 months to obtain medical clearance that you

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				X	can safely participate in endurance running?
Follow-up questions on medical conditions				X	
<p>Do you have Arthritis, Osteoporosis, or Back Problems?</p> <ul style="list-style-type: none"> • Do you have difficulty controlling your condition with medications or other physician prescribed therapies? • Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)? • Have you had steroid injections or taken steroid tablets regularly for more than 3 months? 		<p>X You have musculoskeletal problems that limit your physical activity</p>		X	X Do you or did you suffer from any symptoms of a running injury (muscles, tendons, bones, ligaments or joints) IN YOUR RUNNING CAREER?
<p>Do you have Cancer of any kind?</p> <ul style="list-style-type: none"> • Does your cancer diagnosis include any of the following types; lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and neck? • Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)? 				X	X Do you suffer from any growths or cancer including a past history of cancer
<p>Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm</p> <ul style="list-style-type: none"> • Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are 	X Prior recognition of a heart murmur, Hypertrophic or dilated cardiomyopathy, long QT syndrome or other ion	X You have had: a heart attack, heart surgery, cardiac catheterization, coronary angioplasty (PTCA),	X Known heart murmur, CVD, cardiac disease	X	X Have you ever suffered from any heart or blood vessel conditions, including heart attack, undiagnosed chest pain, coronary artery bypass operation,

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<p>not currently taking medications or other treatments)</p> <ul style="list-style-type: none"> • Do you have an irregular heart beat that required medical management? (e.g., atrial fibrillation, premature ventricular contraction) • Do you have chronic heart failure? • Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? 	<p>channelopathies, Marfan syndrome, or clinically significant arrhythmias; specific knowledge of genetic cardiac condition in family member</p>	<p>pacemaker/implantable cardiac defibrillator/rhythm disturbance, heart valve disease, heart failure, heart transplantation, congenital heart disease</p>			<p>angioplasty (balloon), heart failure, heart transplant, cardiac arrhythmia (abnormal heart beat), rheumatic fever, heart murmur, cardiomyopathy, myocarditis, use of a pacemaker or inherited heart defect?</p>
<p>Do you have High Blood Pressure?</p> <ul style="list-style-type: none"> • Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments) • Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer YES if you do not know your resting blood pressure) 	<p>X Elevated systemic blood pressure</p>	<p>X Your blood pressure is $\geq 140/90$ mm Hg, You do not know your blood pressure, You take blood pressure medication</p>		X	<p>X Do you have high blood pressure</p>
<p>Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes</p> <ul style="list-style-type: none"> • Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician prescribed therapies? • Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, 		<p>X You have prediabetes, You do not know if you have prediabetes, Are you pregnant</p>	<p>X Type 1 or 2 diabetes mellitus</p>	X	<p>X Do you currently suffer from any metabolic or hormonal disease including diabetes mellitus, thyroid gland disorders, hypoglycaemia (low blood sugar), hyperglycaemia (high blood sugar), or heat intolerance</p>

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<p>unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, sleepiness.</p> <ul style="list-style-type: none"> • Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, OR the sensation in your toes and feet? • Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease or liver problems)? • Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? 					
<p>Do you have any Mental Health Problems or Learning Difficulties</p> <ul style="list-style-type: none"> • Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments) • Do you ALSO have back problems affecting nerves or muscles? 				X	<p>X Do you suffer from any diseases of the nervous system including past history of stroke or transient ischaemic attack (TIA), frequent headaches, epilepsy, depression, anxiety attacks, muscle weakness, nerve tingling, loss of sensation, or chronic fatigue?</p>
<p>Do you have a Respiratory Disease?</p> <ul style="list-style-type: none"> • Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are 		<p>X You experience unreasonable breathlessness, You have asthma or other lung disease</p>		X	<p>X Do you suffer from any respiratory (lung) disease including asthma, emphysema (COPD),</p>

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<p>not currently taking medications or other treatments)</p> <ul style="list-style-type: none"> • Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy? • If asthmatic, do you currently have symptoms of chest tightness, wheezing, labored breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week? • Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? 					<p>wheezing, cough, postnasal drip, hay fever, or repeated flu like illness?</p>
<p>Do you have a Spinal Cord Injury? This includes Tetraplegia and Paraplegia</p> <ul style="list-style-type: none"> • Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments) • Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? • Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia) 				X	
<p>Have you had a Stroke? This includes Transient Ischemic Attack (TIA) or Cerebrovascular event</p> <ul style="list-style-type: none"> • Do you have difficulty controlling your condition with medications or 				X	

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<p>other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)</p> <ul style="list-style-type: none"> Do you have any impairment in walking or mobility? Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? 					
<p>Do you have any other medical condition not listed above or do you have two or more medical conditions?</p> <ul style="list-style-type: none"> Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months OR have you had a diagnosed concussion within the last 12 months? Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? Do you currently live with two or more medical conditions? PLEASE LIST YOUR MEDICAL CONDITIONS(S) AND ANY RELATED MEDICATIONS HERE 			X Renal disease	X	X Have you ever in your running career suffered from muscle cramping (painful, spontaneous, sustained spasm of a muscle) during or immediately (within 6 hours) after running (in training or competition)?
EACPR and ESC					
General running and training information			X You are physically active/inactive (performing planned, structured physical activity at least 30 min at moderate intensity on at least 3 days a week for at least the		X

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			last 3 months)		
For how many years have you been a recreational runner? (Please select from the dropdown box)					X
For how many years have you participated in distance races?(Please select from the dropdown box)					X
In the last 12 months, on average, how many times a week do you run (train and race) (Please select from the dropdown box)?					X
In the last 12 months, what is your average weekly training distance in km? (Please select from the dropdown box)					X
In the last 12 months, what is your average training speed? (Please select from the dropdown boxes – minutes box and seconds box)					X
What is your current body weight (mass) to the nearest KILOGRAM?					X
What is your height in CENTIMETRES?					X
General training surface information					X
In the past 12 months, please indicate the average percentage time that you run on a treadmill?					X
In the past 12 months, please indicate the average percentage time that you road running on tar/concrete/brick roads or surfaces?					X
In the past 12 months, please indicate the average percentage time that you do trail running on gravel roads (e.g. jeep tracks)?					X
In the past 12 months, please indicate the average percentage time that you do trail running on footpaths/single tracks?					X
Medical information	X Hypertrophic or dilated cardiomyopathy, long		X CVD, Cardiac disease, Peripheral vascular disease,		X

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	QT syndrome or other ion channelopathies, Marfan syndrome, or clinically significant arrhythmias; specific knowledge of genetic cardiac condition in family member		Cerebrovascular disease		
High blood pressure	X	X Your blood pressure is 140/90 mm Hg, You do not know your blood pressure You take blood pressure medication		X Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication?	X
High blood cholesterol		X Your blood cholesterol level is ≥ 200 mg/dL, You do not know your cholesterol level			X
Cigarette smoking		X You smoke or quit smoking within the previous 6 months			X
Obesity (overweight)		X You have a body mass index ≥ 30 kg/m ²			X
Diabetes mellitus		X You have prediabetes, You do not know if you have prediabetes		X	X
Family history of heart disease (<50 years)	X Premature death (sudden and unexpected or otherwise) before 50 yrs of age attributable to heart disease in ≥ 1 relative, Disability	X You have a close blood relative who had a heart attack or heart surgery before age			X

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	from heart disease in a close relative <50 yrs of age	55 (father or brother) or age 65 (mother or sister)			
Myocardial infarct (heart attack)		X			X
Chest pain that has been diagnosed as "angina"	X Chest pain/discomfort/tightness/pressure related to exertion	X You experience chest discomfort with exertion			X
Coronary artery bypass graft (CABG)	See medical information	X Heart surgery			X
Angioplasty (no stent)	See medical information	X Coronary angioplasty (PTCA)			X
Heart failure	See medical information	X			X
Heart transplant	See medical information	X			X
Arrhythmia	See medical information	X pacemaker/implantable cardiac defibrillator/rhythm disturbance	X		X
Rheumatic fever	See medical information				X
Heart murmur	X				X
Cardiomyopathy	See medical information		X		X
Myocarditis	See medical information				X
Use of a pacemaker	See medical information	X pacemaker/implantable cardiac defibrillator/rhythm disturbance			X
Inherited conditions of the heart or blood vessels	See medical information	X Heart valve disease	X		X
Any other form of heart or blood vessel disease (please specify)	See medical information				X
Swollen ankles		X	X		X

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Water retention					X
Shortness of breath when sitting or lying down	X Excessive and unexplained dyspnea/fatigue or palpitations, associated with exercise	X You experience unreasonable breathlessness	X Shortness of breath at rest or with mild exertion		X
Shortness of breath with mild exercise	X Excessive and unexplained dyspnea/fatigue or palpitations, associated with exercise	X You experience unreasonable breathlessness	X Shortness of breath at rest or with mild exertion		X
Waking up with shortness of breath at night		X You experience unreasonable breathlessness	X Shortness of breath at rest or with mild exertion		X
Palpitations with no dizziness	X Excessive and unexplained dyspnea/fatigue or palpitations, associated with exercise	X You experience unpleasant awareness of a forceful or rapid heart rate	X Palpitations or tachycardia	X Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?	X
Palpitations that make you dizzy	X Excessive and unexplained dyspnea/fatigue or palpitations, associated with exercise	X You experience unpleasant awareness of a forceful or rapid heart rate	X Palpitations or tachycardia	X Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?	X
Chest pain when sitting	X Chest pain/discomfort/tightness/pressure related to exertion		X Pain, discomfort in the chest, neck, jaw, arms, or other areas that may result from ischemia	X Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity	X
Chest pain when performing exercise	X Chest pain/discomfort/tightness/pressure related to exertion	X You experience chest discomfort with exertion	X Pain, discomfort in the chest, neck, jaw, arms, or other areas	X Do you feel pain in your chest at rest, during your daily activities of living,	X

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			that may result from ischemia	OR when you do physical activity	
Chest pain when you are emotionally stressed	X Chest pain/discomfort/tightness/pressure related to exertion		X Pain, discomfort in the chest, neck, jaw, arms, or other areas that may result from ischemia	X Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity	X
Pain (or discomfort) in the neck, jaw, arms at rest or during exercise			X Pain, discomfort in the chest, neck, jaw, arms, or other areas that may result from ischemia		X
Dizziness during exercise	X Unexplained syncope/near syncope	X You experience dizziness, fainting, or blackouts	X Dizziness or syncope	X Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?	X
Fainting spells	X Unexplained syncope/near syncope	X You experience dizziness, fainting, or blackouts	X Dizziness or syncope	X Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?	X
Chronic dry cough					X
Painful calves when walking		X You have burning or cramping sensation in your lower legs when walking short distance	X Intermittent claudication		X
Have you ever collapsed (fell down not because of an accident, needing medical attention) during, at the finish or after a race or training session? <ul style="list-style-type: none"> • How many times during training/competition past 1yr/5yrs 	X Unexplained syncope/near syncope	X You experience dizziness, fainting, or blackouts	X Dizziness or syncope	X Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?	X

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<ul style="list-style-type: none"> • Occur before/after finish line • Due to: Dehydration, Heat illness, Hyponatraemia, Low blood pressure, Low blood sugar, Other condition, please specify 					
Muscle cramping <ul style="list-style-type: none"> • How many times • When during the race • What makes it feel better: Stretching, Resting, Drinking fluid, Ice application, Massage, Magnesium, Salt (tablets or solution), Other please specify • Which muscle: Calves, Hamstrings, Quadriceps (thigh), Foot muscles, Other please specify • Severity 					X
Hyperglycaemia (high blood sugar) (Pre-diabetes)					X
Type 1: Insulin dependent (Diabetes Mellitus)		X You have diabetes	X	X	X
Type 2: Non insulin dependent (Diabetes Mellitus)		X You have diabetes	X	X	X
Underactive thyroid (hypothyroidism)					X
Overactive thyroid (hyperthyroidism)					X
Hypoglycaemia (low blood sugar)				X	X
Heat intolerance					X
Asthma (Non exercise-induced)		X You have asthma or other lung disease		X	X
Asthma (Exercise-induced)				X	X
Wheezing during exercise					X
Cough during exercise					X
Post nasal drip					X
Allergies/hay fever (ear, nose, throat)					X
Repeated infections in respiratory tract					X
Previous lung complaints					X

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COPD (Chronic obstructive pulmonary disease)				X	X
Cystic fibrosis					X
Other respiratory complaints					X
Interstitial lung disease					X
Heartburn					X
Nausea/vomiting					X
Abdominal pain					X
Weight loss (>5kg) in the last 2 years					X
Weight gain (>5kg) in the last 2 years					X
A change in bowel habits over the last year					X
Chronic diarrhoea					X
Blood in stool					X
Abdominal complaints during exercise					X
Liver/gallbladder disease				X Liver disease	X
Other gastrointestinal complaints					X
Stroke or transient ischaemic attack					X
Frequent headaches					X
Epilepsy					X
Depression				X	X
Anxiety attacks				X	X
Other psychological/psychiatric conditions				X	X
Muscle weakness					X
Nerve tingling/loss of sensation				X Due to diabetes	X
Chronic fatigue					X
Other nervous system complaints				X Related to stroke	X
Past history of kidney disease			X	X	X
Past history of bladder disease					X
History of blood in the urine					X
Chronic loin pain					X
History of kidney stones					X
Frequent urination					X
Burning during urination					X
Past history of anaemia					X
Past history of cancer of the blood cells (leukaemia)				X	X

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Past history of cancer of the lymphatic system (lymphoma)				X	X
Past history of blood disorders					X
History of HIV/AIDS					X
History of a depressed immune system					X
Cancer history/growth				X	X
Allergies					X
Medication usage <ul style="list-style-type: none"> • Cholesterol lowering medication • Blood pressure lowering medication • Medication to control heart rhythm • Medication to treat heart failure • Other medication to treat heart disease • Medication (tablets) to treat type 2 diabetes • Insulin for diabetes • Medication to treat anxiety • Anti-depressant medication • Anti-asthma medication • Other medication (please list in box below) 		X You take heart medications		X Related to difficulty controlling a condition even if on medication	X
Have you ever in your running career used medicines to treat injuries in the week before or during a race – including anti-inflammatory drugs, cortisone (pills, or injection), or pain killers?					X
Running injury- location, side of body injured, when, structure of body injured, common running injuries, severity, treatment,		X You have musculoskeletal problems that limit your physical activity		X Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active?	X

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				Do you have Arthritis, Osteoporosis, or Back Problems?	
Have you consulted with a medical doctor in the last 12 months to obtain medical clearance that you can safely participate in endurance running?					X