

2003-04 Questionnaire

CARDIOVASCULAR FITNESS SCREENING - CVQ_C

BOX 1

CHECK ITEM CVQ.001:
IF SP AGE < 20, CONTINUE.
OTHERWISE, GO TO CVQ.030.

CVQ.020 Has a doctor ever said {you/SP} should not participate in sports or other activities because of a health condition?

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

CVQ.030 Has a doctor ever said {you have/SP has} a heart condition and that {you/he/she} should only do physical activity recommended by a doctor?

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

BOX 2

CHECK ITEM CVQ.002:
IF SP AGE >= 20, CONTINUE.
OTHERWISE, GO TO CVQ.060.

CVQ.040 Do you feel pain in your chest when you do physical activity?

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

CVQ.050 In the past month, have you had chest pain when you were not doing physical activity?

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

CVQ.060 {Do you/Does SP} lose {your/his/her} balance because of dizziness?

YES	1
NO	2
REFUSED	7
DON'T KNOW.....	9

CVQ.070 {Do you/Does SP} ever lose consciousness?

YES	1
NO	2
REFUSED	7
DON'T KNOW.....	9

CVQ.080 {Do you/Does SP} have a bone or joint problem that could be made worse by walking?

YES	1
NO	2
REFUSED	7
DON'T KNOW.....	9

CVQ.165 Do you know of any other reason why {you/SP} should not walk on a treadmill?

YES	1
NO	2
REFUSED	7
DON'T KNOW.....	9