

Patient Name: _____ DOB: _____ Date: _____



Exercise Assessment Form

PACE SCORE

Project PACE (Physician-based Assessment and Counseling for Exercise) is designed to encourage patients to engage in appropriate levels of physical activity. The PACE score will assist your doctor in determining your current physical fitness habits and interests. Choose the number that best describes your current level of physical activity or your interest in physical activity. Do **not** include activities that you do as part of your occupation. Examples of "vigorous" and "moderate" exercise activities are shown below.

"Vigorous" exercise includes activities like jogging, running, fast cycling, aerobics classes, swimming laps, and racquet sports. Any activity that makes you work as hard as jogging and lasts 20 minutes at a time should be counted. These types of activities usually increase your heart rate, and make you sweat, and get you out of breath. (Do not count weight lifting)

"**Moderate**" exercise includes activities like brisk walking, gardening, slow cycling, dancing, doubles tennis, or hard work around the house. Any activity that makes you work hard as brisk walking and that lasts at least 30 minutes at a time should be counted.

Current Physical Activity

Status Circle One Number Only

1. I do not exercise or walk regularly now, and I do not intend to start in the near future.
2. I do not exercise or walk regularly, but I have been thinking of starting.
3. I am trying to start to exercise or walk, (or) During the last month I have started to exercise or walk on occasion (or on weekends only).
4. I have exercised or walked infrequently (or on weekends only) for over one month.
5. I am doing vigorous or moderate exercise, less than 3 times per week (or moderate exercise less than 2 hours per week).
6. I have been doing moderate exercise, 3 or more times per week (or more than 2 hours per week) for the last 1 to 6 months.
7. I have been doing moderate exercise, 3 or more times per week (or more than 2 hours per week) for 7 months or more.
8. I have been doing vigorous exercises, 3 to 5 times per week for 1 to 6 months.
9. I have been doing vigorous exercises, 3 to 5 times per week for 7 to 12 months.
10. I have been doing vigorous exercises, 3 to 5 times per week for 7 to 12 months.
11. I do vigorous exercises 6 or more times per week.

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Appendices

II. **CARDIOVASCULAR RISK ASSESSMENT**

1. Do you have diagnosed cardiovascular disease? (Circle all that apply)
 - Hypertension
 - Angina and or a history of myocardial infarction (heart attack)
 - History of a cerebrovascular event (stroke)
2. Do you have any of the following? (Circle all that apply)
 - Hyperlipidemia
 - Smoking history
 - Diabetes mellitus
 - Family history of heart disease
3. Do you have any of the following symptoms? (Circle all that apply)
 - Chest pain brought on by activity
 - Unaccustomed shortness of breath brought on by mild exertion
 - Dizziness or syncope (passing out)
 - Extra heart beats or racing heart

III. **PERFORMANCE GOALS**

Circle One Number Only Please

1. I'm not interested in discussing an exercise program at this time.
2. I'm interested in activities for the sedentary individual.
3. I'm interested in moderate activities to improve my health and fitness.
4. I'm interested in pursuing vigorous activities.
5. I'm interested in beginning a weight training program.

IV. **PHYSICIAN ASSESSMENT**

1. **PACE** Score _____
 - Precontemplator (Score 1)
 - Contemplator (Score 2-5)
 - Active(Score 6-II)
2. Cardiovascular Assessment: (Figure 2)
 - High Risk
 - Low Risk
3. Performance Goals:
 - Moderate
 - Vigorous
4. Exercise Stress Test Requirement: _____
5. Patient Handout Issued:
6. Schedule Follow-up Appointment:

Physician Signature