

Physical Activity Readiness Questionnaire

If you are planning to take part in physical activity or an exercise class and you are new to exercise, start by answering the questions below. If you are between 15 and 69 the questions will tell you if you should check with your Doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your Doctor. *Your instructor will treat all information confidentially.*

<i>Place a tick in the appropriate box</i>	YES	NO
Has your Doctor ever said you have a heart and that you should only do Physical recommended by your Doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever faint or have spells of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a joint problem that could be made worse by exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking any medication of which the instructor should be made aware of? If so, what? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant or have you had a baby in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any breathing problems?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any skin infections or open wounds?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other reason why you should not participate in physical activity? If so, what? _____	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU HAVE ANSWERED YES TO ONE OR MORE OF QUESTIONS:

Talk to your Doctor by phone or in person before you start becoming more physically active and before you have a fitness assessment. Tell your Doctor about the questionnaire and which question(s) you answered YES to.

IF YOU HAVE ANSWERED NO TO ALL QUESTIONS:

You can be reasonable sure that you can start to become more physically active and take part in a suitable exercise programme. **REMEMBER** – begin slowly and build up gradually.

PLEASE NOTE:

If your health changes so that subsequently you answer YES to any of the above questions, inform your fitness or health professional immediately. Ask whether you should change your physical activity or exercise plan. Delay becoming more active if you feel unwell because of a temporary illness such as cold or flu – wait until you are better.

I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE, ALL QUESTIONS HAVE BEEN ANSWERED TO THE BEST OF MY KNOWLEDGE

Name: _____	Signature: _____
Address: _____	Date: _____
_____	Phone no: _____

Emergency contact name and phone number: _____

