

## 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. All information supplied will be treated confidentially.

<b>Please tick appropriate answer</b>	Yes	No
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- |    |                                                                                                                                  |     |     |
|----|----------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1. | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | ___ | ___ |
| 2. | Do you ever feel pain in your chest when you do physical activity?                                                               | ___ | ___ |
| 3. | Have you ever had chest pain when you were not doing physical activity?                                                          | ___ | ___ |
| 4. | Do you ever feel faint or have spells of dizziness?                                                                              | ___ | ___ |
| 5. | Do you have a joint problem that could be made worse by exercise?                                                                | ___ | ___ |
| 6. | Have you ever been told that you have high blood pressure?                                                                       | ___ | ___ |
| 7. | Are you currently taking any medication of which the instructor should be made aware? If so what? _____                          | ___ | ___ |
| 8. | Are you pregnant or have you had a baby in the last 6 months?                                                                    | ___ | ___ |
| 9. | Is there any other reason why you should not participate in physical activity? If so, what? _____                                | ___ | ___ |

**IF YOU HAVE ANSWERED YES TO ONE OR MORE QUESTION:**  
Talk to your doctor by phone or in person before you start becoming more physically active. Tell your doctor about the questionnaire and which question(s) you answered YES to.

You may be able to do any activity you want – as long as you begin slowly and build up gradually. Or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activity you wish to participate in and follow his/her advice.

**IF YOU HAVE ANSWERED NO TO ALL QUESTIONS**  
You can be reasonably 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, please inform me 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 WERE ANSWERED TO MY FULL SATISFACTION.**

Name: _____	Signature: _____
Address: _____	Date: _____
_____	mobile No: _____
_____	E Mail: _____
Emergency contact name and phone number: _____	