



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Name			Date
DOB	Age	Home Phone	Work Phone

Regular exercise associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

Yes	No	1) Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
Yes	No	2) When you do physical activity, do you feel pain in your chest?
Yes	No	3) When you were not doing physical activity, have you had chest pain in the past month?
Yes	No	4) Do you ever lose consciousness or do you lose your balance because of dizziness?
Yes	No	5) Do you suffer from neck or back stiffness/pain, headaches, arthritis, bone, joint or disc problems, fibromyalgia, sciatica, numbness & tingling, muscle spasms, or arm/leg pain?
Yes	No	6) Is a physician currently prescribing medications for your blood pressure or heart condition?
Yes	No	7) Are you pregnant?
Yes	No	8) Do you have insulin dependent diabetes?
Yes	No	9) Are you 69 years of age or older?
Yes	No	10) Do you know of any other possible reason/s you should not exercise or increase your physical activity? Please list _____

If you answered yes to any of the above questions, we advise you obtain a physician's statement and approval BEFORE you become more physically active. Tell the doctor of your intent to exercise and to share this form with him/her. If you honestly answered no to all questions, you can be reasonably positive that you can safely increase your level of physical activity gradually. If your health changes so you then answer yes to any of the above questions, seek guidance from a physician.

Participant Signature	Date
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