

## Physical Activity Readiness Questionnaire



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. Do you have any heart conditions that require you to only do physical activity recommended by a doctor?

Y / N

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

Y / N

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

Y / N

4. Do you ever lose your balance because of dizziness or do you ever lose consciousness?

Y / N

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Y / N

6. Is your doctor currently prescribing drugs for your blood pressure or a heart condition?

Y / N

7. Do you know of any other reason why you should not do physical activity?

Y / N

If you have answered YES to one or more questions we may need you to contact your doctor before starting to exercise (please speak to an instructor before taking part in any exercise). If your health changes so that you may then answer YES to any of these questions, tell an instructor as soon as possible.

Signature \_\_\_\_\_

Date \_\_\_\_\_