



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

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 the ages of 15 and 69 the questionnaire 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.

ALL INFORMATION IS STRICTLY CONFIDENTIAL

(PLEASE CIRCLE THE CORRECT ANSWER FOR EACH QUESTION)

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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? | YES/NO |
| 2 | Do you ever feel pain in your chest when you do physical activity? | YES/NO |
| 3 | Have you ever had chest pain when you are not doing physical activity? | YES/NO |
| 4 | Do you ever feel faint or have spells of dizziness? | YES/NO |
| 5 | Do you have a joint problem that could be made worse by exercise? (including back, knees and/or neck) | YES/NO |
| 6 | Have you ever been told that you have high blood pressure? | YES/NO |
| 7 | Are you currently taking any medication of which the instructor should be made aware of? | YES/NO |

Please comment

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|----|---|---------------|
| 8 | Are you pregnant or have you had a baby in the last 6 months? | YES/NO |
| 9 | Do you suffer from asthma or breathing difficulties? | YES/NO |
| 10 | Do you suffer from diabetes or epilepsy? | YES/NO |
| 11 | Is there any other reason, medical or otherwise that may affect your ability to exercise? | YES/NO |

Please comment

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If you have answered YES to one or more questions

Talk to your doctor by phone or in person before you start becoming more physically active. Tell the doctor about the questionnaire and which question you answered **YES** to.

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

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 to 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 me, your exercise instructor immediately. If you feel unwell because of a temporary illness such as a cold or flu- delay becoming more active and wait until you are better.

- 12 Do you smoke? **YES/NO**
- 13 Have you been told by your GP that your cholesterol is high? **YES/NO**
- 14 Have your parents/grandparents/other family members suffered from heart disease? **YES/NO**
- 15 Do you exercise regularly (i.e. accumulate at least 30 min per day, at least five days per week)? **YES/NO**
- 16 How many days per week do you accumulate 30 minutes of moderate activity?

0 1 2 3 4 5 6 7 days per week

- 17 How many days per week do you normally spend at least 20 minutes in vigorous exercise?

0 1 2 3 4 5 6 7 days per week

- 18 Can you walk 4 miles briskly without fatigue? **YES/NO**

WHAT ARE YOU MOTIVES FOR EXERCISING?

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DECLARATION (to be completed if you answered **YES** to any question).

If your doctor has recommended that you avoid any particular exercise, please let me know.

I declare that I have already been cleared by my doctor (GP, specialist or other qualified health professional) to carry out moderate exercise.

Please sign here

I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE

Name **D.O.B.**.....

Address

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Telephone

E-mail

Signature

Date

I understand that the information I have given on this form will be held in confidence and in accordance with the provisions of the data Protection Act 1998. This form will be destroyed when I no longer participate in a 'Get Fit and have Fun Class'.

EMERGENCY CONTACT AND PHONE NO:

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