

Physical Activity Readiness Questionnaire

Name:
Address:
Tel.:
Email:

Please fill out the following questionnaire to help us ensure that taking up more exercise will be safe for you physically. This questionnaire will tell you if you should check with your doctor before you start. This applies if you are between the ages of 15 and 69. If you are over 69 years of age and you are not used to being very active, check with your doctor. Please read carefully and answer each question honestly by ticking a YES or NO. Common sense is your best guide when you answer these questions.

		YES	NO
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 feel pain in your chest when you do physical activity?		
3.	In the past month, have you had chest pain when you were not doing physical activity?		
4.	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5.	Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?		
6.	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?		
7.	Do you know of any other reason why you should not do physical activity?		

