



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

PART I

- 1) Has a doctor ever said that you have a heart condition and recommend only medically supervised physical activity? (Y / N)
- 2) Do you or have you ever had chest pain brought on by physical activity? (Y / N)
- 3) Have you developed chest pain in the last month? (Y / N)
- 4) Do you tend to lose consciousness or fall over as a result of dizziness? (Y / N)
- 5) Do you have a bone or joint problem that could be aggravated by the proposed physical activity? (Y / N)
- 6) Has a doctor ever recommended medication for high blood pressure or a heart condition? (Y / N)
- 7) Are you aware, though your own experience or a doctor's advice, or any other physical reasons against your exercising without medical supervision? (Y / N)

Please explain any 'Yes' answers in the space below

PART II

- 8) Please list any medications taken on a regular basis (prescription and non-prescription).
- 9) Please list any dietary supplements taken on a regular basis.
- 10) Please list any allergies / allergic reactions to medications or other substances you have.
- 11) Please list any current illness, recent injuries, recent surgeries, or past medical problems or surgery of note.



12) Do you have or have you had any of the following?

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Wheezing |
| <input type="checkbox"/> Heart surgery | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Thyroid problems | |

Please explain any 'Yes' answers in the space below

13) Please list any other health considerations that may be of concern.