



**Physical Activity Readiness Questionnaire**  
**ALL INFORMATION WILL BE TREATED CONFIDENTIALLY**

Where did you hear about these classes? \_\_\_\_\_

		Please choose	
		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 ever feel pain in your chest when you do physical activity?		
3	Have you ever had chest pain when you are not doing physical activity?		
4	Do you ever feel faint or have spells of dizziness?		
5	Do you have a joint problem (also back problem) that could be made worse by exercise?		
6	Have you ever been told that you have high blood pressure?		
7	Are you currently taking any medication of which the instructor should be made aware?  If so, what? _____ Reason _____		
8	Are you pregnant or have you had a baby in the last 6 months?		
9	Is there any other reason why you should not participate in physical activity?  If so, what? _____		

**IF YOU HAVE ANSWERED YES TO ONE OR MORE QUESTIONS**

You should talk to your doctor by phone or in person before you start becoming more physically active and before you have a fitness assessment. Tell your doctor about the questionnaire and which questions you answered YES to. Please also tell Liene or Marina, your fitness instructors.

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 advice.

**IF YOU HAVE ANSWERED NO TO ALL QUESTIONS:** You can reasonably be sure that you can start to become more physically active and take part in a suitable exercise programme. Do begin slowly and build up gradually!

**PLEASE NOTE:** If your health changes subsequently so that you answer YES to any of the above questions, inform your fitness/health professional immediately. If you are temporarily unwell (e.g. cold or flu), delay becoming more active until you are better.

**I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE**

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NO: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

EMERGENCY CONTACT NAME AND PHONE NO:

\_\_\_\_\_