



## Physical Activity Readiness Questionnaire

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

email address: \_\_\_\_\_

Please read the following questions and tick the relevant boxes

	<b>YES</b>	<b>NO</b>
1. Has your doctor ever said that you have a heart condition and recommended only medically supervised activity?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have chest pain brought on by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you developed chest pain in the last month?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you tend to lose consciousness or fall over as a result of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your doctor ever recommended medication for your blood pressure or a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you aware, through your own experience, or from a doctor's advice, of any other physical reason why you should not exercise without medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered 'yes' to any of the questions above, you must have your doctor's consent before participating in any structured training programme.

Thank you for filling in this questionnaire.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_