

PHYSICAL ACTIVITY AND READINESS QUESTIONNAIRE

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

Address: **Phone:**

..... **Occupation:**

Do you smoke? Y N

Height (cm): **Weight (kg):** **Date:**

..... 1..... 1.....

Please circle: 2..... 2.....

 M F 3..... 3.....

Goals: **Preferences:**

1.....

2.....

3.....

Blood Pressure: **Date:** **Body Fat:** **Date:**

1..... 1.....

2..... 2.....

3..... 3.....

What is your current level of physical activity? (avg mins/day & type)

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Please answer the following questions:

1. Has your doctor ever said that you have a heart condition and recommended only medically approved physical activity?
2. Do you have chest pain brought on by physical activity or have you developed chest pain at rest in the past month?
3. Do you lose consciousness or lose your balance as a result of dizziness?
4. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?
5. Are you currently taking any prescribed medication? If so, for what?
6. Do you have any medical conditions that may affect your ability to exercise? (e.g. epilepsy, asthma, diabetes)
7. Do you have a family history of hereditary illness? (e.g. CV disease, diabetes)
8. Are you aware, through your own experience or a doctor's advice, of any other physical reason against you exercising without medical supervision?
9. Is there any chance that you are currently pregnant, or have you recently had a baby?

Please circle

Y N

Y N

Y N

Y N

Y N

Y N

Y N

Y N

Y N

STATEMENT

I..... have read and understood the questions outlined above and have answered them correctly to the best of my knowledge. All of my questions pertaining to this form have been answered. I am happy to have a fitness instructor outline a programme for me.

Signature:

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PARTICIPANT INSTRUCTOR DATE