

Physical Activity Readiness Questionnaire

Date: _____ Name: _____ Trainer: _____

1. Has a doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? No Yes
2. Do you feel pain in your chest when you do physical activity? No Yes
3. In the past month, have you had chest pain when you were not doing physical activity? No Yes
4. Do you lose balance because of dizziness or do you ever lose consciousness? No Yes
5. Do you have a bone or joint problem that **could be made worse** by a change in your physical activity? No Yes
6. Is your doctor currently prescribing drugs (for example water pills) for your blood pressure or a heart condition? No Yes
7. Do you have diabetes mellitus? No Yes
8. Are you, or is there any possibility that you are pregnant? No Yes
9. Do you suffer shortness of breath at rest or with mild exertion? No Yes
10. Do you suffer from unusual fatigue with usual activities? No Yes
11. Do you regularly get a sharp pain in your lower leg when walking uphill or upstairs which disappears within 1-2 minutes of stopping? No Yes
12. Do you know of any other reason why you should not do physical activity? No Yes

If you have answered 'YES' to any of the above questions you will need to inform your Personal Fitness Trainer as you may need to visit your Doctor prior to starting a fitness programme.

13. Do you smoke? No Yes
14. Have you been told by your doctor that your blood pressure is high? No Yes
15. Have you been told by your doctor that your cholesterol is high? No Yes
16. Have your parents or siblings ever suffered from heart disease (mother/female <65 years or father/male <55 years)? No Yes
17. Are you physically inactive in both your work and leisure time? No Yes
18. Is your waist measure more than 38 inches / 100 cm? No Yes

Questions 13-18: If you have answered 'YES' to **2 or more** of these questions then you are advised to limit your activities to a moderate intensity activity well within your current capacity and sustainable for a prolonged period of time. Examples of this include brisk walking, slow cycling, gentle swimming and doubles tennis.

Males 45 and over and females 55 and over not accustomed to regular physical activity, are recommended to limit their activities to a moderate intensity in the absence of their doctor's consent to exercise at a higher level.

Conditions

In consideration of my being given access to use facilities and equipment at a gym as well as using equipment outside at a variety of different venues, I acknowledge that:

1. I am aware of and understand the potential risks and dangers associated with physical activity including the use of equipment and I am voluntarily participating in these activities with knowledge of the risks and dangers involved
2. To the best of my knowledge I know of no reason why I should not participate in any of the programmes and activities at the venues chosen. I hereby declare myself free of any condition, disease, impairment, infirmity or illness that may affect my participation. I agree to inform a member of staff and where appropriate provide written consent from my doctor should such a condition or complaint arise, before continuing with any activity
3. I agree to abide by all verbal and written notices given to me by this personal trainer. I agree to use only the equipment and facilities relevant to my capabilities and that I have been inducted on and / or am fully conversant with
4. I have had the opportunity to ask questions about the activities, use of the equipment and other related issues, and any questions I have asked have been answered to my satisfaction
5. This questionnaire has been completed accurately to the best of my knowledge and belief
6. The Personal Trainer accepts no liability for my death, injury or illness resulting from my failure to disclose any relevant medical impairment or condition or from my misuse of facilities or equipment.

I have read, understood and completed this questionnaire and agree to be bound by its conditions. Any questions I had were answered to my full satisfaction.

Name: _____

Signed: _____

Date: _____

Personal Trainer: **Sophia Adams**

Signed: _____

Date: _____