



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Name			
Address			
Date of Birth		Age	
Age			
Telephone			
Mobile			
Email			

This questionnaire is designed to help you help yourself. Many health benefits are associated with regular exercise and the completion of this questionnaire is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people physical activity should not pose a problem or hazard.

The questionnaire has been designed to identify the small number of people for whom physical activity might be inappropriate or those who should take medical advice concerning the type of activity most suitable for them. Common sense is your best guide for answering these few questions.

Please read them carefully and TICK YES/NO opposite the question as it applies to you.

DO YOU HAVE ANY OF THE FOLLOWING: YES/NO

Please tick as appropriate	Yes	No
Diabetes		
Epilepsy		
Asthma		
High Blood Pressure		
A Heart Condition		
Frequent Chest Pains		
Joint Problems, eg. Spine, knees		
Surgery in the last 6 months		
Gastric Band/Bypass surgery in the last 9 months		
Are you pregnant or recently had a baby (if applicable)		
Do you suffer from fainting or dizziness?		
Are you taking any prescribed medicine which may affect your physical abilities?		
Do you exercise regularly? Is there anything else which may affect your participation in exercise?		
Other conditions or comments we need to know about?		

If you have answered NO to all questions accurately you have reasonable assurance of your present suitability for:

A GRADUATED EXERCISE PROGRAMME

A gradual increase in regular exercise promotes fitness and improves overall health while minimising or eliminating discomfort. Postpone entry into the programme if you feel unwell or have a temporary illness.

NEXT OF KIN

In the event of an emergency I would wish the following person to be notified:

Name:	
Contact No:	
Date:	
Signed by student	