CELEBRATE Health & Fitness

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

This questionnaire is designed to check if it may be inappropriate for you to embark on an exercise programme without the agreement of your GP or Practice Nurse.

Name: | Date of Birth: | Gender:

Weight: | Height:

PLEASE READ THE QUESTIONS CAREFULLY AND MARK THE BOX AS IT APPLIES TO YOU:

#	Question	Yes	No
1	Has your doctor ever recommended only medically supervised activity?	Yes ☐	No ☐
2	Do you have chest pains brought on by physical activity or chest pains in the past month?	Yes ☐	No ☐
3	Do you tend to lose consciousness or fall over as a result of dizziness?	Yes ☐	No ☐
4	Do you have a bone or joint or muscular problem that could be aggravated by exercise?	Yes ☐	No ☐
5	Has a doctor ever recommended medication for your blood pressure or heart condition?	Yes ☐	No ☐
6	Are you pregnant or have you had a baby within the past six months?	Yes ☐	No ☐
7	Have you had any operation within the past six months?	Yes ☐	No ☐
8	Are you receiving any course of treatment, therapy or alternative medicine for any condition?	Yes ☐	No ☐
9	Have you been recommended or prescribed medication for:		
	Hypertension (High Blood Pressure)	Yes ☐	No ☐
	Diabetes	Yes ☐	No ☐
	Epilepsy	Yes ☐	No ☐
	Asthma or any other Airway or Breathing Difficulty	Yes ☐	No ☐
	Angina or any Heart Condition	Yes ☐	No ☐
	Stroke	Yes ☐	No ☐
	Convulsions	Yes ☐	No ☐
	Anaphylaxis or extreme allergic reaction	Yes ☐	No ☐
	Other	Yes ☐	No ☐
10	Do you have a family history of any medical conditions for which you could be at risk?	Yes ☐	No ☐

Use this box if you should mention anything else:

If you have answered "**NO**" to all questions accurately, you can reasonably assume that you can start a graduated exercise programme. If at any time you feel ill or faint then stop whatever you are doing and tell your instructor. If you are taking medication for any condition, it is your responsibility to take it or have it with you for occasional use *(e.g. Asthma Inhaler)*.

If you have answered "**YES**" to any question than please discuss this in more detail and we may recommend that you talk to your GP before we start a programme.

CURRENT ACTIVITY LEVEL (Average Week)

GREEN: < 2 hours/week ☐ | BLUE: 2-7 hours/week ☐ | RED: 7-10 hours/week ☐ | PURPLE: >10 hours/week ☐

SIGNATURE: | **DATE:**

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