

Physical Activity Readiness Questionnaire

	Yes	No
<i>Has your doctor ever said that you have a heart condition and that you should only perform physical activity that is recommended by a doctor?</i>		
<i>Do you feel pain in your chest when you perform physical activity?</i>		
<i>In the past month, have you had chest pain when you were not performing physical activity?</i>		
<i>Do you lose your balance because of dizziness or do you ever lose consciousness?</i>		
<i>Do you have a joint problem that could be made worse by a change in physical activity?</i>		
<i>Is your doctor currently prescribing any medication for blood pressure or heart condition?</i>		
<i>Do you know of any reason why you should not engage in physical activity?</i>		

List Surgeries

List Injuries

List Medication

General Questions

What is your occupation?

Do you sit for extended periods of time?

What do you do in your free time?

Any hobbies?

Notes: