

Name _____

Physical Activity Readiness Questionnaire

	YES	NO
Has a doctor ever said you have a heart condition and recommended only medically supervised physical activity?	<input type="radio"/>	<input type="radio"/>
Do you have chest pain brought on by physical activity?	<input type="radio"/>	<input type="radio"/>
Do you tend to lose consciousness or fall over as a result of dizziness?	<input type="radio"/>	<input type="radio"/>
Has a doctor ever recommended medication for your blood pressure or a heart condition?	<input type="radio"/>	<input type="radio"/>
Do you have a bone or joint problem that could be aggravated by the proposed physical activity?	<input type="radio"/>	<input type="radio"/>
Are you aware through your own experiences or a doctor's advice of any other physical reason against your exercising without medical supervision?	<input type="radio"/>	<input type="radio"/>
Are you over the age of 65 and not accustomed to vigorous exercise?	<input type="radio"/>	<input type="radio"/>
Have you consulted your physician regarding increasing your physical activity and/or performing a fitness assessment?	<input type="radio"/>	<input type="radio"/>
If you answered NO to question 8 will you consult your physician prior to increasing your physical activity and/or performing a fitness assessment?	<input type="radio"/>	<input type="radio"/>

Medical History

	YES	NO	MEDS		YES	NO	MEDS
Heart Disease or Stroke	___	___	_____	Compulsive Overeating	___	___	_____
High Blood Pressure	___	___	_____	Pregnancy	___	___	_____
Cancer	___	___	_____	Lactating	___	___	_____
Lung/Pulmonary Disease	___	___	_____	Trying to Conceive	___	___	_____
Kidney/Liver Disease	___	___	_____	Chronic Pain	___	___	_____
Ulcer (Stomach)	___	___	_____				
Gastrointestinal Disease	___	___	_____				
Depression	___	___	_____				
Diabetes	___	___	_____				
Arthritis	___	___	_____				
Food Allergies Confirmed by a Physician	___	___	_____				
Neuromuscular Disease	___	___	_____				
Arteriosclerosis	___	___	_____				
Gallbladder Disease	___	___	_____				
Low Back Pain Within The Last 6 Months	___	___	_____				
Psychological Problems	___	___	_____				
Anorexia	___	___	_____				
Bulimia	___	___	_____				