



Physical Activity Readiness Questionnaire Participant Copy

Regular physical activity is fun and healthy, and increasingly more people are more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. If you are planning to become much more physically active than you are now, start by answering the questions below. **If you are over 69 years of age, and you are not used to being very active, check with your doctor before starting a physical activity program.** Please read the questions carefully and answer each one honestly. Check YES or NO.

Yes No

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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had any chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing any drugs (for example water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Has a doctor ever told you that you have diabetes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you know of <u>any other reason</u> why you should not do physical activity? |

If you answered NO to all of the questions, you are ready to start the *8 Steps to Fitness Program*. If you answered YES to any of the questions, please see the program facilitator.

I have read, understood and completed this questionnaire.

Name _____ Signature _____ Date _____

Note: Facilitator please keep a signed copy for your records