



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Member Name: DOB:

Address:

Email: Phone:

If you are between the ages of 15 and 69, this questionnaire will advise if you should check with your doctor before you significantly change your physical activity patterns.

If you are over 69 years of age and are not used to being active, check with your doctor.

This information is CONFIDENTIAL and is for your personal use only. It may only be shared with your permission. When shared, the information will be stored in line with EBTC current data protection policy.

Please read each question carefully and answer honestly by indicating **YES** or **NO**.

| | YES | NO |
|---|-----|----|
| Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? | | |
| Do you feel pain in your chest when you do physical activity? | | |
| In the past month, have you had chest pain when you were not doing physical activity? | | |
| Do you lose balance because of dizziness or do you ever lose consciousness? | | |
| Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity? | | |
| Is your doctor currently prescribing medication for your blood pressure or heart condition? | | |
| Do you know of any other reason why you should not take part in physical activity? | | |

If you answered YES to one or more questions:

It is advised for you to consult with your doctor prior to participating in physical activity to ensure that it is safe for you to do so.

If you answered NO to all questions:

It is reasonably safe to assume you are able to participate in physical activity, gradually building up from your current ability level.

I have read, understood and accurately completed the physical activity readiness questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

Signature: _____ Print Name: _____ Date: _____

Having answered YES to one of the questions above, I have sought medical advice and my GP has agreed that I may exercise.

Signature: _____ Date: _____ Note: This questionnaire

becomes invalid if your condition changes so that you would answer YES to any of the 7 questions.