

Physical Activity Readiness Questionnaire

Name: _____

1. Has your doctor ever said you have heart trouble or any cardiovascular problems?
yes no
2. Do you frequently suffer from pains in your chest?
yes no
3. Have you ever suffered from a heart attack?
yes no
4. Do you ever experience an irregular or racing heart rate during exercise or at rest?
yes no
5. Do you often feel faint or have spells of severe dizziness?
yes no
6. Has a doctor ever said that your blood pressure is too high?
yes no
7. Do you often have difficulty breathing?
yes no
8. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
yes no
9. Are you over 65 and not accustomed to vigorous exercise?
yes no
10. Are you diabetic?
yes no
11. Are you pregnant?
yes no

If you answered yes to any one or more questions, you must consult with a physician in person or by telephone before you begin an exercise program.

In case of emergency, please notify:

Name: _____

Address: _____ Phone: _____