

# absolutely fabulous

creating fantastic females

## Physical Activity Readiness Questionnaire

If you are planning to take part in physical activity or an exercise class and you are new to exercise, start by answering the questions below. If you are between the ages of 15 and 69, the questionnaire will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

### YOUR INFORMATION WILL BE TREATED CONFIDENTIALLY

Name: .....

Address: .....

Tel: ..... Mobile: .....

Email: .....

Would you like to sign up to the **Absolutely Fabulous monthly newsletter** full of lots of tips about health, diet, eco living, recipes and life? YES  or NO

PLEASE TICK

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES  or NO
2. Do you ever feel pain in your chest when you do physical activity? YES  or NO
3. Have you ever had chest pain when you are not doing physical activity? YES  or NO
4. Do you ever feel faint or have spell of dizziness? YES  or NO
5. Do you have a joint problem that could be made worse by exercise? YES  or NO
6. Have you ever been told that you have high blood pressure? YES  or NO
7. Are you currently taking any medication of which the instructor should be aware? YES  or NO   
If so what? .....
8. Are you pregnant or have you had a baby in the last 6 months? YES  or NO
9. Is there any other reason why you should not participate in physical activity? YES  or NO   
If so what? .....

### IF YOU HAVE ANSWERED YES TO ONE OR MORE QUESTIONS

Talk to your doctor by phone or in person before you start becoming more physically active and before you have a fitness assessment. Tell your doctor about the questionnaire and which question you answered YES to.

You may be able to do any activity you want – as long as you build up slowly and gradually. Or you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activity you wish to participate in and follow his/her advice.

Signed: ..... Date: .....

**PLEASE BRING THIS FORM WITH YOU TO THE CLASS**