



# PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their physician before they start becoming more physically active. Please complete the form on the next page as accurately and completely as possible.

Please note: If your health changes such that you could then answer YES to any of the listed questions, tell your trainer and ask whether you should change your physical activity plan.

I have read, understood, and completed the questionnaire. Any questions I had were answered to my full satisfaction.

**PRINT PARTICIPANT'S NAME AND PHONE NUMBER**

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**PARTICIPANT'S SIGNATURE AND DATE**

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**EMERGENCY CONTACT AND PHONE NUMBER**

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	YES	NO
Has your doctor ever said that you have a heart condition or recommended medically supervised physical activity?		
Do you experience chest pain or tightness when performing physical activity?		
Have you had chest pain when you were not performing physical activity?		
Have you ever had a stroke?		
Do you ever lose balance due to dizziness or ever lose consciousness?		
Do you have a bone, joint, or any other health problem that causes pain or limitation?		
Are you pregnant now or have you given birth within the last 6 months?		
Do you have asthma or exercise induced asthma?		
Do you have low blood sugar levels (hypoglycemia)?		
Do you have diabetes?		
Have you had recent surgery (in the last 2 years)?		
Do you take any medications, either prescription or non-prescription, on a regular basis?		

PARTICIPANT'S NAME AND INITIAL

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