

## Pre - Exercise Program Readiness Questionnaire

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Home: (402) \_\_\_\_\_ Cell: (402) \_\_\_\_\_ Work: (402) \_\_\_\_\_

There are health benefits to participating in a physical activity program and it is safe for most people. However, doing a self-evaluation of your readiness for physical activity **before** beginning an exercise program is wise. Please honestly answer yes or no to each of the following questions:

Yes	No	1. Has a physician ever diagnosed you with a heart condition and indicated you should restrict your physical activity?
Yes	No	2. When you perform physical activity do you feel pain in your chest?
Yes	No	3. When you were engaging in physical activity have you experienced chest pain in the past month?
Yes	No	4. Do you ever feel faint or get dizzy and lose your balance?
Yes	No	5. Has your doctor ever told you that you have a bone or joint problem; or, do you have joint replacements, arthritis, back pain or other conditions that may be made worse or aggravated by exercise?
Yes	No	6. Do you have high blood pressure or a heart condition you are currently being prescribed medications for?
Yes	No	7. Are you currently being treated with insulin or an oral medication for diabetes?
Yes	No	8. Are you 60 years of age or older <b>AND</b> not used to being very active?
Yes	No	9. Do you know of any other reason you should not exercise or increase your physical activity?

A **yes** answer to any of these questions indicates you are to assume responsibility for consulting your personal physician for recommendations or restrictions **before** starting physical activity.

If you answered **no** to all the above questions, it is generally safe to take part in the low-impact exercise program. Always increase your activity

**Over >**

level gradually. As you proceed, listen to your body for any negative responses and consult your physician if changes occur in your health condition.

*I understand I am assuming responsibility for consulting my physician regarding participation in this exercise program.*

*Participant signature:*

*Date:*

Form adapted from: Exercise Readiness and Par-Questionnaires  
December, 2007