



Physical Activity Readiness Questionnaire

Name:	Date of Birth:
Street:	Gender: M/F
Postcode:	
Town:	
Email address:	Mobile phone:
	House phone:
How active are you currently? (activities per week)	Very active (4+) Active (3) Moderately Active (2) Inactive (0-1)
How did you hear about us?	
What would you like to achieve from Nordic Walking?	
Would you be interested in:	Weekend trips? Y/N
	Holidays? Y/N
	Life coaching/ Weight loss coaching

GP Name:	Surgery Telephone:
Surgery Address:	

Regular physical activity is fun and healthy, and 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 doctor before they start becoming much more physically active.

Start by answering the questions in the box below. If you are between the ages of 15 and 69, this will tell you if you should check with your doctor before you start. If you are over the age of 69 and you are not used to being very active, check with your doctor. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. Check YES or NO

	YES	NO
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
2. Do you feel pain in your chest when you do physical activity?		
3. In the past month, have you had chest pain when you were not doing physical activity?		
4. Do you lose your balance because of dizziness, or do you ever lose consciousness?		
5. Do you have a bone or joint condition (for example osteoporosis, osteo-arthritis, Rheumatoid arthritis or hyper mobility) or do you have other joint, back or bone pains?		
6. Is your doctor currently prescribing medication for your blood pressure or heart condition?		
7. Shortness of breath or difficulty breathing even under normal conditions		
8. Did you have surgery in the last 6 months?		
9. Do you suffer from depression, anxiety or any other mental health condition?		
10. Are you pregnant or recently had a baby (if applicable)?		
11. Are you taking any prescribed medicine which may affect your physical abilities?		
12. Is there anything else which may affect your participation in exercise?		

Current medication:

Known allergies:

I realise that my body's reaction to exercise is not totally predictable. Should I develop a condition that affects my ability to exercise, I will inform my instructor immediately and stop exercising if necessary. I take full responsibility for monitoring my own physical condition at all times.

DATE:

SIGNED:

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name:

Phone No:

Address:

Please complete and return to Fit and Happy Outdoors before attending your first lesson.

Email: ailien@fitandhappyoutdoors.com