

readiness for physical activity

The information that you provide on this questionnaire will remain confidential and kept for records of this program only.

Thank you for your interest in our walking program. Before commencing the program please answer the questions below. For most people physical activity should not pose any problem or hazard. This questionnaire has been designed to identify people who should seek medical advice before starting, especially if you are increasing your level of physical activity.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor or health professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | In the past month have you had a pain in your chest when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a joint or bone problem that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you know of any reason why you should not do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been inactive for a long period of time? |

Please advise the walk leader of any other conditions you feel they might need to know.

I understand that if I answered YES to one or more of the above questions, I should seek medical advice before undertaking a walking program.

If I answered NO honestly to all questions and I am planning to increase my levels of physical activity, I understand that I need to begin slowly and build up gradually.

I understand that although reasonable care is undertaken by the organizers to maximize safety, it is understood that I participate at my own risk.

Signed: _____

Name: _____ Date: _____
(please print)