



Physical Activity Readiness Questionnaire

Please answer the questions below*.

1. Have you sought medical advice for a heart condition? Yes / NO
2. Do you experience chest pains? Yes / NO
3. In the past month have you had a pain in your chest when you were not doing physical activity? Yes / NO
4. Do you lose your balance because of dizziness or do you ever lose consciousness? Yes / NO
5. Do you have a bone or joint problem? Yes / NO
6. Do you have low or high blood pressure? Yes / NO
7. Are you pregnant? Yes / NO
8. Are you diabetic? Yes / NO
9. Are you asthmatic? Yes / NO
10. Are you over 60 years of age? Yes / NO
11. Have you had an injury in the last 6 months? Yes / NO
12. Do you know of any reason why you should not increase your physical activity? Yes / NO

*I understand that if I answered **YES** to one or more of the above questions, I should seek medical advice before undertaking any CPT activities.

13. Do you regularly use a gym or exercise? Yes / NO
14. Currently how many times do you exercise per week? _____

PLEASE ADVISE THE COACH OF ANY OTHER CONDITIONS YOU FEEL THEY MIGHT NEED TO KNOW ABOUT.

*This information will be kept for CPT health records only.

I understand that this information will be shared with other CPT coaches/welfare officers.

Signed

Name (please print)

Date