



PERFORMANCE

Physical Activity Readiness Questionnaire

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional or health care provider is advisable. *This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.*

- I am completing this questionnaire for myself
- I am completing this questionnaire for my child/dependant as parent/guardian



YES



NO

Prepare to become more active

The following questions will help to ensure that you have a safe physical activity experience. Please answer YES or NO to each question before you become more physically active. If you are unsure about any question, answer YES

1. Have you experienced ANY of the following (A to F) within the past six months?

A A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?

B A diagnosis of/treatment for high blood pressure, or a resting BP of 160/90mmHg or higher?

C Dizziness or lightheadedness during physical activity?

D Shortness of breath at rest?

E Loss of consciousness/fainting for any reason?

F Concussion?

2. Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?

3. Has a health care provider told you that you should avoid or modify certain types of physical activity?

4. Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?



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ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are currently

1. During a typical week, on how many days do you do moderate- to vigorous-intensity aerobic physical activity (such as brisk walking, cycling or jogging)?

2. On days that you do at least moderate-intensity aerobic physical activity (e.g., brisk walking), for how many minutes do you do this activity?

Please multiply your average number days/week by the average number of minutes/day:

UK Chief medical officer guidelines recommend that adults accumulate at least 150 minutes of moderate- to vigorous intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended.

GENERAL ADVICE FOR BECOMING MORE ACTIVE

increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do vigorous-intensity physical activity (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness..

DECLARATION

To the best of my knowledge, all the information I have supplied on this questionnaire is correct.
If my health changes, I will complete this questionnaire again.

I answered NO to all questions on Page 1

I answered YES to any question on Page 1



Sign and date the Declaration below

Check the box below that applies to you:

I have consulted a health care provider or QEP who has recommended that I become more physically active.

I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.

Name (+ Name of Parent/Guardian if applicable) (Please Print)

Signature (or Signature of Parent/Guardian)

Date of Birth (DD/MM/YY)

Date (DD/MM/YY)

Email (optional)

Mobile Number (optional)