



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

PERSONAL INFORMATION

Name: _____ Age: ____ Sex: M F Height: ____

Measurements: Weight: _____ (1 yr. ago) _____ Bust: _____ Waist: _____ Hips: _____

Address: _____

Phone (H) _____ Phone (Mobile) _____ Email: _____

In case of emergency contact: Name: _____ Phone: _____

GOALS (circle all that apply):

Do you or have you ever:

Been hospitalized? _____ Yes/No Heart attack or heart trouble? _____ Yes/No

Chest pain or angina pectoris? _____ Yes/No Coronary bypass or angioplasty? _____ Yes/No

Abnormal or positive Exercise Stress Test? _____ Yes/No High blood pressure above 145/95? _____ Yes/No

Impaired circulation? _____ Yes/No Stroke? _____ Yes/No

Convulsions or loss of consciousness? _____ Yes/No Diabetes or mellitus? _____ Yes/No

High blood cholesterol level? _____ Yes/No Are you pregnant? _____ Yes/No

Musculoskeletal limitations of movement? _____ Yes/No Difficulty breathing/shortnes of breath? _____ Yes/No

Arthritis, rheumatism? _____ Yes/No Knee problems? _____ Yes/No

A chronic, recurrent, or morning cough? _____ Yes/No Any episode of coughing up blood _____ Yes/No

Increased anxiety or depression? _____ Yes/No Swollen, stiff or painful joints? _____ Yes/No

Back pain (herniated or ruptured disc? _____ Yes/No Shoulder pain? _____ Yes/No

Surgery? _____ Yes/No

Heart murmur-noted by a Physician to be significant or suggestive of a heart abnormality? _____ Yes/No

Irregular heart beat or rhythm – noted by a Physician to be significant or suggestive of heart Abnormality? _____ Yes/No

IMPORTANT: If you answered Yes to any of the previous questions, contact your physician as soon as possible

I certify to the best of my knowledge the above information is correct and complete. I also understand that Rudolph Planter and/or PerformPeriod Inc. assumes no responsibility for any illness, accident or injury I may incur from the use of the programs, services or facilities prior to, during, and/or after such usage. All individuals are strongly encouraged to consult with a physician before entering a non-medically supervised exercise program.

Client Name (please print): _____ Client Signature: _____ Date: _____

Parent Name (please print): _____ Parent Signature: _____ Date: _____