



Name:		Date:	
DOB:	Age:	Work Phone:	Home Phone:

Regular exercise associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

- Yes No 1) Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
- Yes No 2) When you do physical activity, do you feel pain in your chest?
- Yes No 3) When you were not doing physical activity, have you had chest pain in the past month' the past month?
- Yes No 4) Do you ever lose consciousness or do you lose your balance because of dizziness?
- Yes No 5) Do you have a joint or bone problem that may be made worse by a change in your physical activity?
- Yes No 8) Do you have insulin dependent diabetes?
- Yes No 9) Are you 69 years of age or older and not used to being very active?
- Yes No 10) Do you know of any other reason you should not exercise or increase your physical activity?

If you answered yes to any of the above questions, talk with your doctor by BEFORE you become more physically active. Tell your doctor your intent to exercise and to which questions you answer yes.

If you honestly answered no to all questions you can be reasonably positive that you can safely increase your level of physical activity gradually.

If your health changes so you then answer yes to any of the above questions, seek guidance from a physic

Participant Signature:	Date:
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