

# ASSESSMENT FORMS



**THIS FORM MUST BE FILLED OUT BEFORE ANY PHYSICAL ACTIVITY CAN START**

<b>NAME:</b>			
<b>EMAIL:</b>			
<b>PHONE #:</b>			
<b>DATE:</b>			
<b>PHYSICAL ACTIVITY READINESS QUESTIONNAIRE</b>			
<b>QUESTIONS</b>		<b>YES</b>	<b>NO</b>
1	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you perform physical activity?		
3	In the past month, have you had chest pain when you are not performing any physical activity?		
4	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7	Do you know of any other reason why you should not engage in physical activity?		
<p><b>If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.</b></p>			

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## GENERAL & MEDICAL QUESTIONNAIRE

OCCUPATIONAL QUESTIONS		YES	NO
1	Are you currently employed? If Yes, what is your current occupation?		
2	Does your occupation require extended periods of sitting? How many hours?		
3	Does your occupation require extended periods of repetitive movements? (If yes, please explain.)		
4	Does your occupation require you to wear shoes with a heel (dress shoes)?		
5	Does your occupation cause you anxiety (mental stress)?		
RECREATIONAL QUESTIONS		YES	NO
6	Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please explain.)		
7	Do you have any hobbies (reading, gardening, working on cars, exploring the Internet, etc.)? (If yes, please explain.)		
MEDICAL QUESTIONS		YES	NO
8	Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain.)		
9	Have you ever had any surgeries? (If yes, please explain.)		
10	Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.)		
11	Are you currently taking any medication? (If yes, please list.)		