



## Physical Activity Readiness Questionnaire

As you are planning to start a Pilates course with Pilates for Fitness, please complete the questionnaire below. By completing the questionnaire you will be providing information to your instructor that may affect the exercises in the class. You may be asked to check with your doctor before you start. All information provided will be treated in the strictest confidence.

**PART ONE:**

Please tick the appropriate box:

	YES	NO
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever feel faint or have spells of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a joint problem that could be made worse by exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been told that you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently taking any medication of which the instructor should be made aware? If so, what? (Please complete Additional Information).	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you pregnant or have you had a baby in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you experience back pain or have you had any kind of back or shoulder injury in the past?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there any other reason why you should not participate in physical activity? If so, what? (Please complete Additional Information).	<input type="checkbox"/>	<input type="checkbox"/>

**IF YOU HAVE ANSWERED YES TO ONE OR MORE QUESTIONS:**

Talk to your doctor by phone or in person before you start becoming more physically active and before you participate in any classes. Tell your doctor about the questionnaire and which question/s you have answered Yes to. You may be able to do any activity you want – as long as you start slowly and build up gradually. Or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activity you wish to participate in and follow his/her advice.

**IF YOU HAVE ANSWERED NO TO ALL QUESTIONS:**

You can be reasonably sure that you can start to become more physically active and take part in a suitable exercise programme. Remember to begin slowly and build up gradually.

**PLEASE NOTE:** If your health changes so that subsequently you answer YES to any of the above questions, you must inform your instructor immediately. Ask whether you should change your level of activity or if you need to be restricted from specific movements. Delay becoming more active if you feel unwell because of a temporary illness such as a cold or flu. Ensure that you inform your instructor at the beginning of a class if you have suffered any recent injury or feel that anything may affect your participation in the class.

**Additional Information:** (detail any medication or any other information that may affect your participation in the class)

**PART TWO:**

1. What level of physical activity do you currently undertake? (Detail any fitness programme or activity within your employment):

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2. What are the reasons for you taking part in an exercise class and what do you hope to achieve?

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3. Have you ever done Pilates before? If so, with whom and for how long?

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**I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE. ALL QUESTIONS WERE ANSWERED TO MY FULL SATISFACTION.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Where did you hear about Pilates for Fitness? \_\_\_\_\_