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| **PHYSICAL ACTIVITY READINESS QUESTIONNAIRE** |  |

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| **Name** |  |
|  |
| **Age:** |  | **Gender:****M/F** |  | **Height:****(M)** |  | **Weight:****(KG)** |  |
|  |
| **Staff/Student /other (please specify):** |  | **Organisation/ Dept/Course:** |  |
|  |
| **Please answer these questions truthfully and completely. The sole purpose of this questionnaire is to ensure that you are in a fit and healthy state to take part in this study.** |
|  |
| 1. **How would you describe your present level of activity? “I complete activity in which I become out of breath”.**
 |
|  | Less than once a month |  | Once a month |  | Once a week |
|  |
|  | Two/three times a week |  | Four/five times a week |  | More than five times a week |
|  |
| 1. **Smoking habits:**
 |
|  |
| Currently non-smoker | Yes / No |  |  | A previous smoker | Yes / No of |  |  per day |
|  |
| An occasional smoker | Yes / No of  |  |  per day | A regular smoker | Yes / No of |  |  per day |
|  |
| 1. **Consumption of alcohol.** Do you drink alcoholic drinks? Yes / No **If yes, do you:**
 |
|  |
| Have the occasional drink? |  Yes / No | Have a drink a day? |  Yes / No | Have more than one a day? |  Yes / No |
|  |
| 1. **Do you suffer, or have you ever suffered from any form of heart complaint?** Yes/No

If yes, please provide details:  |
|  |
|  |
| 1. **Do you suffer, or have you ever suffered from:**
 |
|  |
| Asthma | Yes / No | Diabetes | Yes / No | Bronchitis | Yes / No |
| Epilepsy | Yes / No | High Blood Pressure | Yes / No |
|  |
| 1. **Have you had to consult your doctor in the last three months?** If yes, please give brief details:
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|  |
|  |
| 1. **Are you currently taking any form of medication?** If yes, please give brief details:
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|  |
|  |
| 1. **Do you have any form of muscle or joint injury?** Yes / No If Yes please state:
 |  |
|  |
|  |
| 1. **Have you suffered from a bacterial or viral infection in the last two weeks?**  Yes / No
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|  |
| 1. **Have you had cause to suspend your training in the last two weeks for a physical reason?** Yes / No
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|  |
| 1. **Is there any reason why you should not be able to successfully take part in the exercises shown to you? (e.g. pregnancy, significant injury)?** Yes / No
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|  |
| If yes to any of 6 – 11, please give brief details |  |
|  |
| If you answered yes to ANY of questions 4 – 11 you may wish to consult with your GP before taking part in exercise. If your condition changes after filling in this form but during the course of the research project you must inform the research lead as detailed below:. |
|  |
| **Signature of participant:** |  | **Date** |
|  |
| **Signature of research lead:** |  | **Date** |
|  |  |  |  |  |  |  |  |
| **Contact details for research lead:** |  |  |  |  |  |  |  |