

Physical Activity Readiness Questionnaire

This information is used as an aid to assist your trainer in providing you with a more specific exercise program geared toward your needs. It will not be released without your knowledge and consent.

Name _____ Date _____
Birth Date _____ Height _____ Weight _____
Street Address _____ City _____ State _____
Phone Number _____ Email _____
Primary Physician _____ Phone Number _____

Circle One

Do you consider yourself:

Sedentary – little if any vigorous physical activity

Lightly Active – sporadic workouts, some aerobic activity

Moderately Active – work out 1-3 days per week for at least 30-45 minutes/day, including aerobic work

Highly Active – work out 3-5 days per week, at least 1 hour/day, including aerobic work

What are some activities you enjoy doing in your spare time? _____

Indicate the main reasons why you exercise:

I do not exercise

Doctor has requested more exercise

Weight Reduction

Control Diabetes

Decrease Blood Pressure

Feel Better/More Energy

Improve Cholesterol

Other _____

What are your long term goals for exercise, health and fitness? _____
