

## Pre-Exercise Questionnaire

Regular physical activity is fun and healthy and increasingly more people are starting to become more active every day. Being more active is very safe for most people however some people should check with their Doctor before increasing their physical activity. If you are planning to increase your level of physical activity please start by completing the questions below. If you are aged between 15 and 69 then your responses to the following questions will indicate whether you need to check with your Doctor before increasing your physical activity. If you are aged over 69 and you are not regularly active please check with your Doctor.

Name		Date of Birth	
Tel: Home		Tel: Mobile	
E-Mail		GP Name & Address	
Emergency Contact Name		Emergency contact number	

Please read the questions carefully and answer each one honestly. We treat all information confidentially.

	YES	NO
Do you currently take regular exercise?		
Are you on any medication that may be affected by exercise?		
Are you under medical supervision?		
Do you smoke? If yes, how many per day?		
Are you pregnant or have you had a baby in the past 6 months?		
Are you on any special diets?		
Are there any other factors relevant to diet and exercise that you feel could affect your physical activity?		

Have you ever experienced or currently experience any of the following:

	Yes	No		Yes	No		Yes	No
Heart Condition			Diabetes			Circulatory Problems		
Chest Pain			Epilepsy			Bone / Joint problems		
Faintness / Dizziness			Asthma			Back / Hip / Knee Pain		
Loss of Consciousness			High Blood Pressure			Allergies		
Shortness of Breath			Low Blood Pressure					

IF YOU HAVE ANSWERED **YES** TO ONE OR MORE OF THE QUESTIONS ABOVE PLEASE PROVIDE FURTHER DETAILS:

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Please speak with your Doctor *before* you start becoming more physically active and/or taking a fitness appraisal and tell them which questions above you answered yes to on this form. You may be able to do any activity you want as long as you build up slowly and gradually however you may need to restrict your activities to those that are safe for you. Talk to your doctor or your instructor to get advice.

**Finally please let us know how you found out about the Better Body Club** (please delete as appropriate):

**Leaflet/Poster/Board/Internet/Facebook/Streetlife/Recommendation/Other:** \_\_\_\_\_

**Disclaimer:** I do / do not (delete as appropriate) give my permission for my photograph and/or comments to be used for Better Body Club advertising material.

Signature:		Date:	
Signature of Parent/Guardian: (if under the age of 18 years)		Date:	
Annual Review Dates:			