

## Physical Activity Readiness Questionnaire for Pilates

Name: \_\_\_\_\_ Tel: \_\_\_\_\_  
Address: \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_ Mobile \_\_\_\_\_

*Please answer the following questions to check you are able to start the class:*

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor? Yes No
2. Do you ever feel pain in your chest when you exercise? Yes No
3. Do you ever have pain in your chest when you are not doing exercise Yes No
4. Do you ever feel faint or have dizzy spells Yes No
5. Do you have a joint problem that could be made worse by exercise. Yes No

Please give details \_\_\_\_\_

6. Do you have high blood pressure? Yes No
7. Do you take any medications? If yes please detail them below Yes No

\_\_\_\_\_

8. Are you pregnant or have you had a baby in the last 6 months? Yes No

9. Are there any other problems that you have which may affect your ability to participate in physical activity?

\_\_\_\_\_  
\_\_\_\_\_

If you have answered **yes to 2 or more questions** you should check with your GP before starting a programme, if you answered **no** to all the questions you can be reasonably sure that you can start the programme.

Remember to build up slowly and gradually. Please let me know of any changes to your health or contact numbers.

I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE

Signed \_\_\_\_\_ Date \_\_\_\_\_