

Participant Activity Readiness Questionnaire

- 1. Has a Doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? Yes No
- 2. Do you feel pain in your chest when you do physical activity? Yes No
- 3. In the past month, have you had chest pain when you are not doing physical activity? Yes No
- 4. Do you lose your balance because of dizziness or do you ever lose consciousness? Yes No
- 5. Is your doctor currently prescribing drugs (ex. Water pills) for your blood pressure or heart condition? Yes No
- 6. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes No
- 7. Do you know of any other reason why you should not do physical activity? Yes No

*If you are over 70 years of age, and you are not used to being physically active, check with your doctor before performing any strenuous activity.

Medications

-Please list all medication (including herbs and vitamins) that you are currently taking:

<i>Name of Medication</i>	<i>Amount:</i>	<i>Taken for:</i>

-Do any of your medications affect your heart rate? If you are uncertain, please consult your physician _____