



Physical Activity Readiness Questionnaire:

Name:		DOB:	
Height:		Weight:	

Disclaimer: Please check with your physician before conducting any physical activity. This questionnaire will give us a good indication of your current level of fitness.

1. Please enter Y (yes) or N (no) in the last column of each of the following questions:

1. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommend by a doctor?	
2. Do you feel pain in your chest when you perform physical activity?	
3. In the past month, have you had chest pain when you were not performing any physical activity?	
4. Do you ever lose your balance because of dizziness or do you ever lose consciousness?	
5. Do you have any bone or joint problems that could be made worse by a change in your physical activity?	
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?	
7. Do you know of any other reason you should not engage in physical activity?	

2. Do you suffer from any of the following? Indicate Y for any that apply to you:

	Asthma		Constipation		Rheumatic fever
	Angina		Diabetes		High cholesterol
	High blood pressure		Frequent colds		Palpitations
	Low blood pressure		Dizziness/fainting		Headaches
	Epilepsy		Heart disease		Migraines
	Arthritis		Shortness of breath		Joint pain
If you indicated yes to any of the above please give details:					



3. Past injuries:

1. Have you ever had surgery? If so what did you have done and when?	
2. Do you take any prescribed medication?	
3. Please list any injuries you have had in the past and when it occurred	When?
a.	
b.	
c.	
d.	

4. Exercise History

1. How long have you been playing hockey?	
2. Do you play any other sport? If so what?	
3a. How would you rate your current level of fitness out of 10?	
3b. Do you do any extra fitness? If so, what would you do and how often?	
4a. Have you done any strength training before? If yes how long have you been doing it for (i.e. when did you start)?	
4b. If yes to the above, how often do you strength train per week?	
4c. If yes, what is a typical example of a training session you have done in the past? Include exercises, reps, sets, rest, tempo, time of season, etc.	
4d. If yes, what is a typical example of a training session you have done in the past? Include exercises, reps, sets, rest, tempo, time of season, etc.	
4e. If yes, what would your weekly and yearly plan look like?	

Client Signature: _____ **Date:** _____

Guardian signature: _____ **Date:** _____