



EXERCISE READINESS QUESTIONNAIRE (ERQ)

Name

Today's Date

Date of Birth

Age

Home Phone

Work Phone

Regular exercise is associated with many health benefits. Increasing physical activity is safe for most people. However, some individuals should check with a physician before they become more physically active. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

- Yes No 1) Has a physician ever diagnosed you with a heart condition and indicated you should restrict your physical activity?
- Yes No 2) When you perform physical activity, do you feel pain in your chest?
- Yes No 3) When you were not engaging in physical activity, have you experienced chest pain in the past month?
- Yes No 4) Do you ever faint, or get dizzy, and lose your balance?
- Yes No 5) Do you have an injury or orthopedic condition (such as a back, hip, or knee problem) that may worsen due to a change in your physical activity?
- Yes No 6) Do you have high blood pressure, or a heart condition, in which a physician is currently prescribing a medication?
- Yes No 7) Are you pregnant?
- Yes No 8) Do you have insulin dependent diabetes or any other medical condition which you think may affect your ability to participate in exercise?
- Yes No 9) Are you unaccustomed to exercise and aged over 45, if a man or over 55, if a woman?
- Yes No 10) Are you taking drugs / medication at the moment or recuperating from recent illness or operation?
- Yes No 11) Do you know of any other reason you should not exercise or increase your physical activity?

If you answered yes to any of the above questions, talk with your doctor **before** you become more physically active. Tell your doctor your plan to exercise and to which questions you answered yes.

If you honestly answered no to all questions you can be reasonably certain you can safely increase your level of physical activity **gradually**.

If your health changes so that you then answer yes to any of the above questions, seek guidance from a physician.

Participant's signature

Date