

# —PURE—

Whole-Food & Plant-Based Support

## Physical Activity Readiness Questionnaire

NAME \_\_\_\_\_

DATE \_\_\_\_\_

HEIGHT: \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ lbs.

AGE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

PHONE \_\_\_\_\_

	QUESTIONS	Yes	No
1	Have you ever been told that you have a heart condition and that your physical activity should be limited to what is recommended by a doctor?		
2	Have you ever felt pain in your chest when you perform physical activity?		
3	Do you lose your balance because of dizziness or do you ever lose your balance?		
4	Do you have any bone or joint problems that could be made worse by changing your physical activity?		
5	Are you currently taking prescribed medication for your blood pressure or for a heart condition?		
6	Do you know of any other reason why you shouldn't engage in physical activity?		

Always consult your physician before engaging in physical activity. Tell your physician which questions you answered "yes" to. After a medical evaluation, seek advice from your doctor on what type of activity is suitable for your current condition.