



EXERCISE READINESS QUESTIONNAIRE (ERQ)

Name: _____ Date: _____

DOB: _____ Age: _____ Phone: _____ E-mail: _____

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?
Yes	No	9) Are you 69 years of age or older and not used to being very active?
Yes	No	10) 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 answer 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 you then answer yes to any of the above questions, seek guidance from a physician.

Participant Signature

Date