



# ***PHYSICAL ACTIVITY READINESS QUESTIONNAIRE***

## Example Lifestyle Questionnaire

Comments and  
notes column

The information gathered in this questionnaire will assist in determining the level at which you can safely commence an exercise programme. It is vitally important that you answer the following questions as truthfully as you can!

1. Name:

2. Age:

3. Height (m):

4. Weight (kg):

5. Current weekly exercise:

5 – 7 days a week	3 - 4 days a week	2 days a week	1 day a week	Never

6. What time of day do you prefer to exercise?

7. What type of exercise do you enjoy the most?

8. For what reason do you / don't you exercise?

9. Would you say you have -

- Good strength?
- Good flexibility?
- Good stamina / endurance?

**10.** Do you have any medical conditions that may affect your participation in exercise (both past and present)?

**11.** Do you have any injuries that may affect your participation in exercise (both past and present)?

**12.** Do you consider your diet to be healthy?

**13.** Do you consume any of the following on a weekly basis? (Please tick if yes)

Breads, cereals, pasta	Fruit & Veg	Dairy products	Meat (cuts)	Meat products (sausages, burgers etc.)	Sweets, crisps & biscuits	Cakes and Pastries	Water

**14.** Do you smoke? – If yes how many per day (on average)?

**15.** Do you consume alcohol? – If yes how often and how much?

**16.** Have you undertaken a fitness programme before? – If yes, give details

**17.** What are your health and fitness goals?

Signed \_\_\_\_\_

Date \_\_\_\_\_