

# JP Fit physical activity readiness questionnaire

Personal information

Date \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ age \_\_\_\_\_

sex M / F

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ state \_\_\_\_\_ Zip \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Bodyfat \_\_\_\_\_ %

Has your Dr ever said that you have a heart condition (stroke, heart attack, heart surgery) or that you should only do physical activity recommended by a doctor? Y . N

Do you have any joint issues? Y N If yes, \_\_\_\_\_

Are you currently taking medications? Y . N If yes, \_\_\_\_\_

Do you lose your balance because of dizziness, or do you ever lose consciousness? Y N

Are you pregnant? Y N

Do you smoke? Y N

Have you had any surgeries in the past 6 month? Y N -----

Do you have any health condition that should know about? Y N

What time do you get up? \_\_\_\_\_ and go to bed? \_\_\_\_\_

How often do you eat? \_\_\_\_\_ How often do you eat out? \_\_\_\_\_

Do you have food allergies? \_\_\_\_\_

Lifestyle

How would you describe your current job?

1. Sedentary
2. Mostly sedentary but needs moving from place to place
3. Moderately active
4. Highly active

What is your day to day schedule like? (ex. Go to work, gym at lunch, straight home after work to pick up the kids, etc...) Please list any details which may be important for me to have a better understanding of your lifestyle so I can integrate a program that works best for you.

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How many days a week and hours a day are you willing to commit to your training program?

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How many times a week do you do cardio and what is the duration of your cardio sessions?

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How many times a week do you do weight training?

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What other physical activities are you involved in and how often and how long do you participate in these activities? (Please list all activities you truly enjoy as I will be integrating those into your program such as Yoga, Bikram Yoga, Cardio Barre, Bootcamp, Hiking, Crossfit, etc.)

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Do you have a gym membership (if yes, please list where)? If working out of a home gym or private gym, what equipment do you have available to you?(cardio equipment, dumbbells and weight amount, exercise bands, balls, machines, etc.)

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What condition was your body in when you were an adolescent or as soon as you stopped growing?

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If you answer yes ask Dr.

You may be able to do any activity you want -as long as you start slowly and build up gradually. Or you may need to restrict your activities to those that are safe for you. Talk with your Dr. about the kinds of activities you wish to participate in and follow his /her advice.