



Reach-1 Physical Activity Questionnaire

ATHLETE NAME: _____

HEIGHT: _____ in.

WEIGHT: _____ lbs.

AGE: _____

DOB: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

	Questions	Yes	No
1	Has your doctor ever said that you have a heart condition and/or that you should only perform physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you perform physical activity?		
3	In the past month, have you had chest pain when you were not performing any physical activities?		
4	Do you lose your balance because of dizziness or have you ever lost consciousness?		
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		

	Questions	Yes	No
6	Is your doctor currently prescribing any medication for any reason at all? (If yes, please explain) _____ _____		
7	Do you know of any other reason why you should not engage in physical activity? (If yes, please explain) _____ _____		
8	Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please explain) _____ _____		
9	Do you have any hobbies (reading, fishing, gardening, working on cars, exploring the Internet, etc)? (If yes, please explain.) _____ _____		
10	Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain) _____ _____		
11	Have you ever had any surgeries? (If yes, please explain.) _____ _____		

	Questions	Yes	No
12	Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.) _____ _____		
13	Have you ever had any problems with your heart, excessive nose bleeds or breathing? (If yes, please list.) _____ _____		
14	Are you currently taking any (over the counter) medication? (If yes, please list.) _____ _____		

Print Name:
Signature**Date**