



PATIENT: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

### **How Physically Active Are You?**

"**Moderate**" exercise includes activities like brisk walking, gardening, slow bicycling, dancing, doubles tennis, or hard work around the house. Any activity that makes you work 'somewhat hard' such as brisk walking (3 to 4 miles per hour) and that lasts at least 10 minutes at a time should be counted.

"**Vigorous**" exercise includes physical activities like jogging, running, fast bicycling, aerobics classes, swimming laps, singles tennis, and racquetball. Any activity that makes you work 'hard' such as jogging and lasts 20 minutes or longer each time should be counted.

***Circle one number only.***

1. I don't do any regular moderate or vigorous exercise now, and I don't intend to start in the next 6 months.
2. I don't do any regular moderate or vigorous exercise now, but I have been thinking about starting in the next 6 months.
3. I am trying to start doing moderate or vigorous exercise, but I don't do it regularly.
4. I am doing moderate exercise less than 150 minutes per week (or) vigorous exercise for less than 75 minutes per week.
5. I have been doing moderate exercise for 150 minutes or more per week (or) vigorous exercise for 75 minutes or more per week for the last 1-5 months.
6. I have been doing moderate exercise for 150 minutes or more per week (or) vigorous exercise for 75 minutes or more per week for the last 6 months or more.



## Physical Activity Readiness Questions

Please answer the following questions by circling "Y" for "Yes" and "N" for "No".

- Y N 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Y N 2. Do you feel pain in your chest when you do physical activity?
- Y N 3. In the past month, have you had chest pain when you were not doing physical activity?
- Y N 4. Do you lose your balance because of dizziness, or do you ever lose consciousness?
- Y N 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Y N 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Y N 7. Do you know of any other reason why you should not do physical activity?