

BODY-TORQUE PILATES

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Please read the questions carefully and answer each one honestly. All answers will be treated with the strictest confidence.

Do you have a heart condition? If YES, please give details.	YES	NO	Detail:-
Do you feel pain in your chest when you do any physical activity or when you are not physically active?	YES	NO	Detail:-
Do you lose your balance because of dizziness or do you ever lose consciousness?	YES	NO	Detail:-
Do you have a back, pelvic or any other joint problem? Please give details	YES	NO	Detail:-
Do you suffer from raised blood pressure? If YES, how is it being treated?	YES	NO	Detail:-
Do you suffer from diabetes? If YES, how is it being treated?	YES	NO	Detail:-
Do you suffer from asthma? If YES, how do you control it?	YES	NO	Detail:-
Are you/were you a regular exerciser? Do you intend to do any other exercise in addition to this programme	YES	NO	Detail:-
Have you previously attended Pilates classes? If so, how long ago and where?	YES	NO	Detail:-
Do you know of any issue that could affect your participation in exercise? e.g, will you struggle weight bearing on your wrists, or knees?	YES	NO	Detail:-
Have you had any operations? e.g. joint replacements	YES	NO	Detail:-
Do you have any illnesses or conditions? e.g. Osteoporosis	YES	NO	Detail:-
What are your goals in taking up Pilates?			

Please note: If your health changes so that you can now answer YES to any of the above questions, tell your teacher and if in doubt, seek medical advice from your GP or health professional.

I have read and understood this questionnaire. Any questions I had were answered to my satisfaction.

NAME _____ DATE _____ SIGNED _____

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