**Ashington Hirst Running Club**

**Physical activity readiness questionnaire**

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| * Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
 |  |  |
| * Do you feel pain in your chest when you do physical activity?
 |  |  |
| * In the past month, have you had chest pain when you were not doing physical activity?
 |  |  |
| * Do you lose your balance because of dizziness or do you ever lose consciousness?
 |  |  |
|  Do you have a bone or joint problem (for example, back, knee or hip)  |  |  |
| * Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?
 |  |  |
|  Do you know of any other reason why you should not do physical activity? |  |  |

If you answered YES to one or more questions:

You may still 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 which are safe for you.

If you answered NO honestly to all questions, you can be reasonably sure that you can start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions,

tell your Run Leader or Coach.

Informed Consent

Your signature at the foot of this form confirms you understand the risks involved in exercise, have given your **INFORMED CONSENT** and are participating at your own free will in an exercise programme.

**ABOUT OUR RUNNING CLUB ACTIVITIES:**

RUNNING & PHYSICAL ACTIVITY PROGRAMMES are designed to improve Cardiovascular (heart and lungs) Fitness, Muscle Tone and Strength, Endurance and Flexibility and will include physical activities such as Running and Stretching. Each part of the program and each exercise will be fully explained to you, PLEASE ask questions if you are not clear about anything. PLEASE also notify the coach if you feel you should not do a particular exercise for ANY reason.

This form will be completed as part of your initial consultation and passed to the Run Leader to make them aware of your current fitness.

Any EXERCISE PROGRAM contains certain risks. Muscle pulls, Joint strains, Aches, Pains and general discomfort from parts of the body not previously used. The program is designed to minimise these risks. However, if at any time during an exercise session you feel pain or discomfort YOU MUST STOP IMMEDIATELY and inform the Run Leader

I hereby state that I have read, understood and answered all the questions truthfully. Any queries have been answered to my satisfaction. I also state that I wish to participate in the range of Running and fitness activities. I realise that these activities involve the risk of injury or even death.

Signed……………………………...…Print Name…………………….............……… Date……...............

E mail Address..............................................................

Contact Phone Number..................................................

Emergancy Contact Name and Contact Number............................................................

\* We may use your e mail address to contact you with news about AHRC range of future activities or events.