Adventure Core
Nutrition and Fitness

Name: _____ Date: _____

Height: _____ Weight: _____ Age: _____

Physician's Name: _____ Phone: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE			
	Questions	Yes	No
1	Has your doctor every said that you have a heart condition and 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	During the past month, have you had chest pain when you were not performing any physical activity?		
4	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition? Losartan 100 mg		
7	Do you know of any other reason why you should not engage in physical activity?		
If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.			
GENERAL AND MEDICAL QUESTIONNAIRE			
	Occupational Questions	Yes	No
1	What is your current occupation? Graphic Designer; Arts Teacher		
2	Does your occupation require extended periods of sitting?		
3	Does your back tighten after sitting for an extended period of time?		
4	Does your back feel tense after standing for a long period of time?		
5	Does your occupation require extended periods of repetitive movements? (If yes, please explain)		
6	Does your occupation require you to wear shoes with a heel (dress shoes)?		
7	Does your occupation cause you anxiety (mental stress)?		

	Recreational Questions	Yes	No
8	Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please explain)		
9	Do you have any hobbies (reading, gardening, working on cars, exploring the internet, etc.)? (If yes, please explain)		
	Medical Questions	**Yes**	**No**
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)		
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, diabetes or other hormonal challenges? (If yes, please explain) hypertension (high blood pressure)		
13	Do you have difficulty sleeping?		
14	Do you wake up rested?		
15	Are you currently taking any medication? (If yes, please explain)		