

# the gym @ greetham valley

## Fit to Start?

Regular physical activity is healthy and enjoyable and increasing numbers of people are starting to become more active every day. Becoming more active is safe for the majority. However, some people should check with their doctor before they start to increase their levels of physical activity.

If you are planning to become more physically active than you are now, please start by answering the questions in the box below. If you are between the ages of 16 and 69, the questionnaire will tell you if you should check with your doctor before you start. If you are over 69 years of age or have any health problems and you are not used to being very active, please check with your doctor. Please read the questions carefully and answer each one honestly: YES or NO.

| YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever informed you that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs for your blood pressure or a heart condition?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of any other reason why you should not do physical activity?   |

### If you answered YES to one or more questions:

- Talk with your doctor BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about this questionnaire and to which questions you answered YES
- You may 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. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice

### If you answered NO honestly to all the above questions, you should be able to:

- start becoming much more physically active - begin slowly and build up gradually.
- take part in a fitness appraisal - this is an excellent way to determine your basic level of fitness so that you can plan the best way forward

### You should DELAY increasing your levels of activity:

- if you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better
- if you are, may be or are intending to become pregnant – talk to your doctor first

**If your health status changes so that you would need to answer YES to any of the questions, please discuss your physical activities with your doctor.**

**IF YOU ARE IN ANY DOUBT AFTER COMPLETING THIS QUESTIONNAIRE, YOU SHOULD CONSULT YOUR DOCTOR PRIOR TO INCREASING YOUR PHYSICAL ACTIVITY**

*Greetham Valley Hotel, Golf and Conference Centre, the gym @ greetham valley and Greetham Valley staff and agents assume no liability for persons who undertake physical activity. If in doubt after completing this questionnaire, consult your doctor prior to physical activity. If this questionnaire is being given to a person before he or she participates in a physical activity programme or a fitness appraisal, this section may be used for legal or administrative purposes.*

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

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN (for participants under 18 years) \_\_\_\_\_