

# Get Active Questionnaire

As adapted from the Canadian Society for Exercise Physiology – Physical Activity Training for Health (CSEP-PATH®)

Being physically active is one of the most important steps that you can take to improve your health whatever your age or ability. Some physical activity is better than none, more is better than some, and any amount of physical activity you do results in health benefits.

**This questionnaire is intended for all ages, and it will help make us aware of your current health situation. Your answers will inform us about your readiness for physical activity. At the start of all programmes, we will ask you about your current physical activity levels to make sure that the recommended exercises are appropriate for your physical activity level.**

**For almost everyone, the benefits of physical activity far outweigh any risks. However, for some individuals, specific physical activity guidance from a Healthcare Professional (Consultant, Doctor, Nurse, Physio, OT, etc.) is advisable.**

I am completing this questionnaire for myself.

I am completing this questionnaire for my child/dependent as parent/guardian.

✓ YES ↓	✓ NO ↓	<h2 style="color: #008080;">PREPARE TO BECOME MORE ACTIVE</h2> <p style="color: #008080;">The following questions will help to ensure that you have a safe physical activity experience. Please answer YES or NO to each question before you become more physically active. If you are unsure about any question, answer YES.</p>
		<b>1. Have you experienced <u>ANY</u> of the following (A to F) within the past six months?</b>
○	○	<b>A.</b> A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?
○	○	<b>B.</b> A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?
○	○	<b>C.</b> Dizziness or light-headedness during physical activity?
○	○	<b>D.</b> Shortness of breath at rest?
○	○	<b>E.</b> Loss of consciousness/fainting for any reason?
○	○	<b>F.</b> Concussion?
○	○	<b>2.</b> Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?
○	○	<b>3.</b> Has a health care provider told you that you should avoid or modify certain types of physical activity?
○	○	<b>4.</b> Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?
<p>.....➔ <b>NO to all questions: Please go to PAGE 2</b> ➔.....</p>		
<p><b>YES</b> to any question: Please have a conversation with your Healthcare Professional. Please go to PAGE 2 ➔.....</p>		

This form collects health related data which will be reviewed by the relevant activity facilitator/ staff member in the interests of the health and safety of participants during the programme. Do you give your consent for Waterford Sports Partnership to retain and process this data for this purpose. Please note that your information will be respected and managed securely and confidentially at all times in line with Waterford Sports Partnership’s GDPR policies.

YES  NO



## DECLARATION:

To the best of my knowledge, all the information I have supplied on this questionnaire is correct.  
**IF MY HEALTH CHANGES, I WILL LET THE LEADER /TUTOR KNOW.**

I answered **NO** to all questions on **Page 1**

I answered **YES** to any question on **Page 1**

Sign and date the Declaration below

I have consulted a Healthcare Professional who has recommended that I become more physically active.



**Name** (+ Name of Parent/Guardian if applicable) [Please print]

**Signature** (or Signature of Parent/Guardian if applicable)

 /  / 

**Date**

**Email Address**

**Mobile Number**

**FOR OFFICE USE ONLY**

WSP Staff/ WSP Tutor Sign Off: \_\_\_\_\_