

Exercise Readiness Assessment



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Par-Q (Physical Activity Readiness Questionnaire)

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?

_Yes __No Do you feel pain/discomfort in your chest when you do physical activity?

Yes No In the past month, have you had chest pain/discomfort when you were not doing physical activity?

_Yes _No Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes No Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Yes No Is your doctor currently prescribing drugs for your blood pressure or heart condition?

_Yes _No Do you know of any other reason why you should not do physical activity?

If you answered yes to one or more of the above questions, talk with your doctor BEFORE you begin or change your exercise program. Reference: Canadian Society for Exercise Physiology.

Signs and Symptoms

- __chest pain/discomfort with rest or exertion
- _shortness of breath with rest or mild exertion
- dizziness or fainting during exercise
- _ankle swelling
- _unusual fatigue or shortness of breath

If you answered yes to any of the above, talk with your doctor BEFORE exercising.

GOALS (cardio: walk, bike, run, swim)

Resistance Exercise Cardio 30m*5d*wk Cardio 30m*3d*wk 2d*wk*3 months 3 months 3 months

Stretching/balance 2-3d*wk*3 months

Remove Barrier 30 days

One Dietary Change Stick to for 30 days Exercise with buddy Once a week*30 days

It's

YOUR

Move!

before vigorous

Risk Factors

Obesity

Hypertension

Prediabetes

(Impaired Fasting Glucose ≥100 mg/dL and $\leq 125 \text{ mg/dL}$

Stress/Anxiety

Excessive Alcohol

(heart related; ≤ 55

factors with your

Just MOVE Daily

Track Activity

Barriers notes											Sol	lut	ion	1S 7	note	S					_		
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BMI Body Mass Index											Ac	etic	n	Pla	nn 1	$not \epsilon$	28						
18.						al W	_	ht	ı														
25.0 29.9 Overweight 30.0 39.9 Obesity 40 or more Extreme Obesity																					-		
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4'5"	30 29	33	35	38	40 39	43	45	48	50 48	53 51	55	58 56	60 58	63	65	68	70 68	73	75 72	78 75	80 77	83	
4'7"	28	30	33	35	37	40	42	44	47	49	51	54	56	58	61	63	65	68	70	72	75	77	
4'8"	27 26	29 28	31	34	36	38	40 39	43	45	47	49	52	54 52	56 54	58 56	61 59	63	65	65	70 67	72 69	74	
4'10"	25	27	29	31	34	36	38	40	42	44	46	48	50	52	54	57	59	61	63	65	67	69	
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5'11"	17	18	20	21	22	24	25	27	28	29	31	32	34	35	36	38	39	41	42	43	45	46	
6'0"	16 16	18 17	19 19	20	22	23	24	26 25	27 26	29 28	30 29	31	33	34	35 34	37	38	39	41	42	43	45	
6'2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37	39	40	41	42	
6′3″	15	16	18	19	20	21	23	24	25	26	28	29	30	31	33	34	35	36	38	39	40	41	
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It's YOUR Move! www.myfitscript.com MyFitScript™ specializes in age and chronic disease specific exercise programs for prevention and management.

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