



Pre-Activity Readiness Questionnaire

Name: _____ DOB: ___/___/___ Age: _____ Sex: M / F

Address: _____ Suburb: _____

Occupation: _____ Student / Community / USQ Staff (please circle)

Phone: Home () _____ Work () _____ Mobile _____

Person to contact in case of an emergency: _____

Phone: Home () _____ Work () _____ Mobile _____

Name of Doctor: _____ Phone: () _____

Have you ever been, or are you currently affected by any of the following conditions?

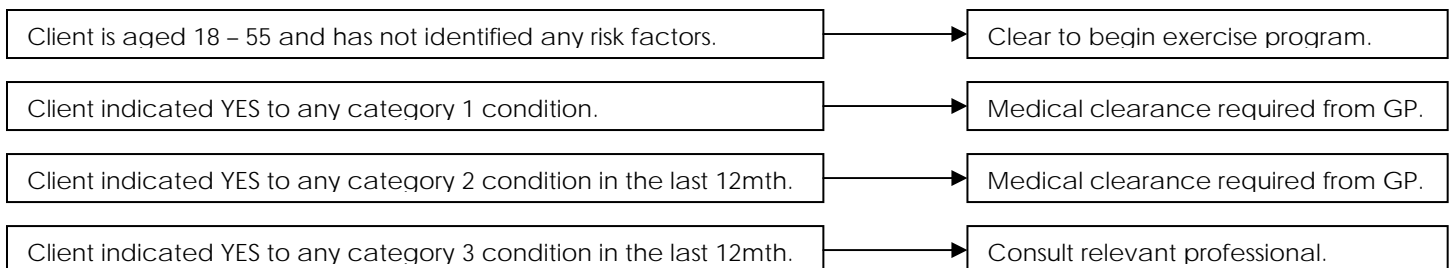
Category 1	YES	NO
High Blood Pressure	Y	N
Respiratory Disorders	Y	N
Heart Trouble	Y	N
Stroke	Y	N
Blood Disorders	Y	N
Glandular Fever	Y	N
Epilepsy or Seizures	Y	N
Diabetes	Y	N

Category 2	YES	NO
Pregnancy	Y	N
Prescription Medication	Y	N
Migraines	Y	N
High Cholesterol	Y	N
Any Surgery	Y	N
Asthma	Y	N
Hernia	Y	N

Category 3	YES	NO
Joint Injury	Y	N
Arthritis	Y	N
Neck or Back Pain	Y	N
Musculoskeletal Injuriuv	Y	N

If you indicated YES on any of the above conditions, please give details including date condition occurred: _____

Are you aware of any other conditions not mentioned that may affect your exercise? Y N
 Details: _____



Current Exercise Information	YES	NO
Have exercised regularly (i.e. 3 times/week) in the last 6 months?	Y	N
Would you describe your job as physical?	Y	N
Have you recently been a member of another fitness centre?	Y	N
If you answered YES to any of the above questions, please give details below.		

Goals							
What are your 3 most important goals? (Please number 1 – 3)							
Muscle building ()	Strength ()	Fitness ()	Injury Rehabilitation ()				
Stress Relief ()	Fat Loss ()	Flexibility ()	Sports Specific Training ()				
How many times per week would you like to exercise?							
1	2	3	4	5	6	7+	
What are the most suitable days?							
Mon	Tues	Wed	Thu	Fri	Sat	Sun	
Specific Goals							
1. _____							
2. _____							
3. _____							
Why is it important for you to achieve these goals?							

Do you find it difficult to stay motivated?							
				Y	N		

The USQ Works Health & Recreation Club is wholly owned and operated by the University of Southern Queensland Student Guild (USQ Student Guild). The USQ Student Guild collects personal information to assist in providing the best fitness and related ancillary services to suit your needs and to be able to contact you regarding your membership and other associated USQ Student Guild services. Personal information will not be disclosed to third parties without your consent unless required by law. If you wish to gain access, update your personal information or have any concerns regarding the information collected please write to: The Privacy Officer, USQ Student Guild, PO Box 28, Darling Heights, QLD 4350.

I declare that the information I have given above is true and correct.

Signature of Participant: _____ Date ___/___/___