

# DURHAM WARM WATER AQUATIC PROGRAM (DWWAP)

## HEALTH QUESTIONNAIRE & PAR Q

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
PROV.

\_\_\_\_\_  
POSTAL CODE

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
BIRTH DATE (mm/dd/yyyy)

How did you hear about our program? \_\_\_\_\_

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active.

Please read the questions carefully and answer each one honestly.

Circle YES or NO

Has your doctor ever said that you have a heart condition? YES NO

Has your doctor ever restricted your physical activity? YES NO

Do you feel any pain in your chest when you do physical activity? YES NO

In the past month, have you had chest pain when you are not doing physical activity? YES NO

Do you lose your balance because of dizziness or do you ever lost consciousness? YES NO

Do you have bone or joint problems that could be made worse by a change in your physical activity? YES NO

Is your doctor currently prescribing drugs (e.g. water pills) for your blood pressure or heart? YES NO

Do you know of any other reason why you should not do physical activity? YES NO

Are you pregnant? YES NO

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

\_\_\_\_\_  
NAME

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date