

Parkinson's Care and Support UK (PCSUK)



Pre- Exercise Questionnaire

Many health benefits are associated with regular exercise for people with Parkinson's and the completion of a pre-exercise questionnaire is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people physical activity should not pose any problem or hazard.

The pre-exercise questionnaire is designed to identify the small number of people for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. **PLEASE COMPLETE AND RETURN VIA EMAIL PRIOR TO CLASS OR BRING ON DAY**

Title: _____ **Name:** _____
Gender: **Male** **Female** **Date of Birth:** _____
Address: _____ **Post Code:** _____
Tel: _____ **Email:** _____
Emergency Contact Name: _____ **Emergency Contact No:** _____
Exercise Class Attending: _____ **Address of Class:** _____

1. Has your doctor ever said that you have a bone or joint problems, such as arthritis that has been aggravated by exercise or might be made worse with exercise? **YES / NO**
2. Do you have high blood pressure? **YES / NO**
3. Do you have low blood pressure? **YES / NO**
4. Do you have Diabetes Mellitus or any other metabolic disease? **YES / NO**
5. Has your doctor ever said you have raised cholesterol (serum level above 6.2mmol/L)? **YES / NO**
6. 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**
7. Have you ever felt pain in your chest when you do physical exercise? **YES / NO**
8. Is your doctor currently prescribing you drugs or medication? **YES / NO**
9. Have you ever suffered from unusual shortness of breath at rest or with mild exertion? **YES / NO**
10. Is there any history of Coronary Heart Disease in your family? **YES / NO**
11. Do you often feel faint, have spells of severe dizziness or have lost consciousness? **YES / NO**
12. Do you currently drink more than the average amount of alcohol per week (14 units for men and women)? **YES / NO**

13. Do you currently smoke? **YES / NO**

14. Do you exercise on a regular basis (at least 3 times a week) and/or work in a job that is physically demanding? **YES / NO**

15. Are you, or is there any possibility that you might be pregnant? **YES / NO**

16. Do you know of any other reason why you should not participate in a physical activity programme? **YES / NO**

If you answered YES to any of the questions above please give details:

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If you answered **YES** to one or more questions, please consult with your doctor by telephone or in person before attending a Parkinson's Specialist Exercise Class. Make sure you show your doctor this form.

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks.

I consent to the exchange of medical information between the **Parkinson's Care and Support UK** Parkinson's Specialist instructor and my doctor, in order to assist in the prescription of appropriate exercise.

I consent to the exchange of information between the **Parkinson's Care and Support UK** Parkinson's Specialist instructor and **Parkinson's Care and Support UK**.

I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance exercise, dance and stretching. I realise that my participation in these activities involves the risk of injury.

Additional Note: I have taken medical advice and my doctor has agreed that I should exercise.

Clients Name:

Clients Signature:

Date:

Instructor Name:

Instructor Signature:

Date: