Are You Ready to Exercise?

The purpose of this quiz is to help you decide whether it’s safe for you to start an exercise program, or to return to exercise after a health-related absence.

### Section 1. Rate Your Health

Please answer these questions first:

1. Has your doctor or other health care professional told you **NOT** to exercise, or told you that you must restrict your activity?  
   - O Yes  
   - O No

2. Is **PAIN** preventing you from exercising?  
   - O Yes  
   - O No

3. If you answered **YES** to question 2, please circle the number that describes your pain on a scale of 0 (no pain) to 10 (severe pain):
   
<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No pain</td>
</tr>
<tr>
<td>1</td>
<td>Medium pain</td>
</tr>
<tr>
<td>2</td>
<td>Severe pain</td>
</tr>
</tbody>
</table>
   
   If you answered YES to question 2, did you rate your pain at 5 or higher?  
   - O Yes  
   - O No

If you answered YES to ANY of the questions in Section 1, you may not be ready to start or return to an exercise program. Please discuss exercise with your doctor.

If you answered NO to ALL of the questions in Section 1, please go to Section 2.

### Section 2. Rate Your Abilities

Can your body do the following activities?

5. Can you dress and bathe/shower without the help of another person?  
   - O Yes  
   - O No

6. Can you prepare or obtain your own meals?  
   - O Yes  
   - O No

7. Can you do your usual household chores? (such as cleaning, laundry, gardening)  
   - O Yes  
   - O No

8. Can you use the telephone? (including looking up numbers, dialing, and answering)  
   - O Yes  
   - O No

9. Can you do your own errands and shopping?  
   - O Yes  
   - O No

If you answered YES to AT LEAST THREE of the questions in Section 2, please go to Section 3.

If you answered NO to AT LEAST THREE of the questions in Section 2 because of your health, you may not be ready to start or return to an exercise program. Please discuss exercise with your doctor.
Section 3. Rate Your Strength and Walking Ability

Please answer these last questions:

10. Can you walk without the help of another person? (It’s okay to use a walker or cane.) O Yes O No

11. Can you get up from a chair that doesn’t have arms without the help of another person? (It’s okay to use a walker or cane.) O Yes O No

12. Can you drive or arrange your own transportation when needed? O Yes O No

13. Can you leave your home for one hour or more for an activity other than a doctor’s appointment? (This includes social activities like visiting friends, going to a movie or restaurant, or shopping.) O Yes O No

If you answered YES to ALL of the questions in Section 3, it is safe for you start or return to regular exercise, at your own pace.

If you answered NO to ANY of the questions in Section 3, you may not be ready to start or return to a regular exercise program yet. Please talk with your doctor about what kinds of exercise you can do to get stronger safely.

Exercise Instructions from My Health Care Provider: