

**Physical Activity Readiness Questionnaire (PAR- Q)**

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor. **All information will be treated confidentially and not shared with any other party without your permission**.

Please read the questions carefully and answer each one honestly:

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| 1 | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?  |  |  |
| 2 | Have you ever felt pain in your chest when you do physical exercise?  |  |  |
| 3 | Have you had chest pain when you were not doing physical activity?  |  |  |
| 4 | Do you often feel faint, have spells of severe dizziness or have lost consciousness?  |  |  |
| 5 | Have you ever suffered from unusual shortness of breath at rest or with mild exertion?  |  |  |
| 6 | Do you have you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or that may be made worse by exercise?   |  |  |
| 6 | Do you have either high or low blood pressure.  (BP will be taken on assessment day) |  |  |
| 7 | Are you currently on any prescribed medicines that may affect your ability to exercise?   |  |  |
|  | If so what and what effect might it have? |
| 8 | Are you pregnant or have you had a baby in the last 6 months? |  |  |
| 9 | Do you know of any other reason that would affect your ability to participate in physical activity?  |  |  |
|  | If so, give details: |

If you answered **YES** to one or more questions you should talk to your doctor before you start becoming more physically active and/or taking a fitness appraisal. Tell your doctor what questions you answered yes to on this form.

You may still be able to do any activity you want as long as you start slowly and build up gradually or it may be that you need to restrict your activities to those which are safe for you.

If you have answered **NO** to all questions then you can be reasonably sure that you can become more physically active and take part in a suitable exercise programme.

Note: if there are any changes in your health (in particular in relation to the questions above) please inform me immediately so that any required changes to the programme can be made. If you are unwell as a result of temporary illness always delay or postpone activity until you have sufficiently recovered.

|  |  |
| --- | --- |
|  | I have read, understood and completed this questionnaire |
|  | I have answered all questions to the best of my knowledge |

|  |  |
| --- | --- |
| Name: |  |
| Signed |  |
| Address |  |
|  |  |
| Contact No. |  |

Emergency Contact:

|  |  |
| --- | --- |
| Name: |  |
| Contact No. |  |