

## Physical Activity Readiness Questionnaire (Par-Q)

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Landline Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

E-mail \_\_\_\_\_

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 become more physically active. If you are over 69 years of age and are not used to being very active, check with your doctor. Please read each question carefully and answer honestly by indicating YES or NO.

	YES	NO
1. Has a doctor ever told you that you have a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a doctor said that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
4. In the past month, have you had a chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you lose balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a bone or joint problem (e.g. back, hip or knee) that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently being prescribed drugs (e.g. water pills) for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you or could you be pregnant or have you given birth within the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you know of <u>any other reason</u> why you should not take part in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered **YES** to any questions, please give details here:

**If you have answered YES to one or more questions:** You should consult with your doctor to clarify that it is safe for you to become more physically active. You may need to restrict your activities to those which are safe for you. Talk to your doctor about the kinds of activities you wish to participate in and follow his/her advice.

**If you answered NO to all questions:** It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level. A fitness appraisal can help you determine your ability levels.

**I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily participating in a programme of physical activity and my participation involves a risk of injury. If my health changes so that I would answer YES to any of the 9 questions on this form, or I become injured, I will advise Dylan Worthington Personal Training by e-mail before continuing my programme.**

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Having answered YES to one or more of the 9 questions on this form, or being over the age of 69, I confirm that I have consulted with my doctor and that my doctor has agreed I may begin a programme of physical activity.**

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_